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DREADS AND BESETTING FEARS

MIND AND HEALTH SERIES

Edited by H. Addington Bruce, A.M.

DREADS AND BESETTING FEARS

INCLUDING STATES OF ANXIETY THEIR CAUSES AND CURE

BY

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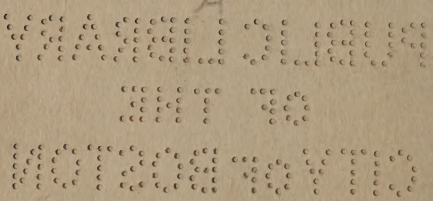

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EDITORIAL INTRODUCTION

Of direct and insistent appeal to many people, this contribution to the Mind and Health Series of Medical Handbooks should have a wide reading. It has been estimated by a medical psychologist that one out of every ten persons is beset in some degree by a special fear of one kind or another. Even regarding this as an overestimate, the fact remains that multitudes are so beset, and that in the case of many their besetting fear amounts to a torturing dread. Also it is a commonplace of modern medical psychology that, apart from the mental distress fear occasions, it frequently is the unsuspected cause of functional nervous troubles, and of peculiarities of behavior interfering with one's social relationships and the proper performance of one's daily work. Again and again the banishing of fear is a prerequisite to restoring

nerve control and enabling unfortunates to effect satisfactory adjustments to their environment.

Fear, especially if prolonged or excessive, likewise has adverse consequences to the physical organism. As mentioned by Doctor Williams, this has been experimentally demonstrated, and for that matter is a fact of everyday observation. The processes of digestion, assimilation, nutrition, the life-maintaining processes in general, are unfavorably influenced when fear becomes dominant. If the victim of fear is at the same time subject to some disease — influenza, pneumonia, tuberculosis, heart disease, or whatever it may be — the vitality-lowering potency of fear may mean a needless shortening of his life.

Thus there are numerous reasons making an understanding of the control and dispelling of fear a matter of practical importance to everybody. And because experience shows that the fear-stricken usually owe their subjugation by fear to an unwise upbringing in early life, knowledge of how to prevent fear from unduly asserting itself

is a matter of special importance to parents. Appreciative of this, Doctor Williams is at pains to make preventive recommendations applicable by all parents sincerely desirous of safeguarding their children's development. He is equally zealous, however, in offering helpful suggestions to those who, for whatever reason, are under the necessity of extirpating fear from their own minds.

In addition, physicians, and others whose daily activities present to them frequent problems in conquering fear, will find that Doctor Williams has much to say of value to them in their ameliorative mission. He writes from a wealth of personal study and experience as a veteran neurologist and medical psychologist. It is safe to say that few other specialists in this country have had so extensive and varied a practice as he in the management of fear states. Indeed he is internationally known for his successful treatment of the fear-disabled, and holds membership in such organizations as the British Medical Association, the Société de Medicine Mental Clinique de France, the Société de Neurologie de Paris,

the Société de Psychologie de Paris, and the National Academy of Medicine at Rio de Janeiro. In the United States Doctor Williams's affiliations include membership in the American Medical Association, the American Psychiatric Association, and the American Psychopathological Association. Recently he has become associated with Doctor W. A. White — another distinguished contributor to this Series — in establishing in Washington, D. C., an institute for post-graduate instruction in neurology and psychiatry.

In presenting his subject to the readers of the Mind and Health Series, Doctor Williams has chosen to adopt — most wisely, as it seems to me — the case method. That is to say, he reinforces the essential points in his thesis by detailed citation of actual cases, that have come under his personal observation and treatment. This not merely is of illustrative value, but gives a definiteness that is readily comprehensible even by those unfamiliar with the technicalities of medical psychology. Yet Doctor Williams's book is no mere clinical

compilation. It gives a philosophy as well as a psychology of fear, and is unmistakably the product of a man who has observed and reflected upon life in many phases other than those chiefly encountered in the consulting room of the specialist in functional nervous and mental disorders. I rate his book in fact, as a substantial contribution to the literature of character development no less than of preventive and curative medicine.

H. Addington Bruce.

PREFACE

In this work concerning dreads, the general discussion will not be confined strictly to those we call obsessive. For in order to deal with dreads adequately, it is necessary to understand fear in general as regards both its determinants and its mechanism. Hence a considerable portion of the discussion is given to some of the usual conditions under which fear is manifested and the way in which persons become susceptible to some of the influences which commonly arouse morbid fear.

Dread is aroused only when a person is faced by a circumstance which experience has taught him to fear. This is not strictly a besetting dread, for in these cases the fear-arousing determinant is not like an obsession, constantly in the patient's mind except during distraction. It is induced not by obsessive thinking, but by suggestion

from without through the associations the patient has formed. Sometimes these induced fears wear an obsessive guise because of the ubiquity of the determining stimulus, as for instance when a person is afraid to be alone, a contingency the possibility of which always pends.

This is a pseudo-obsession only; for during the periods when the patient has the certainty that what he dreads cannot happen, he is in a less uncomfortable state of mind. The insistence of the thought then is the fruit of accident in these cases, and is not immanent in the patient's self. The truly besetting fear is independent of circumstance; for its incitant is within the patient, omnipresent, although not always to the fore, and of course capable of being called into more active insistency by extraneous influences as well as by physical states of the sufferer, such as where the physiological factors which modify the mood are periodically favorable to a particular mood which best harmonizes with dread.

The present volume, it should be understood, does not pretend to be a complete

disquisition. It aims more particularly at elucidating the manner in which fear is acquired, the processes occurring in the minds of those beset by fear, and the way in which incommoding fears can be disposed of. The description of these processes is largely based upon my experience with individuals confided to me by their physicians because of disturbances of the nervous system. Besides describing in detail a few of these examples, I have sought to illustrate the conditions under which fear is acquired by citation from observations of human behavior made by writers unsophisticated by academic psychology or the practice of the healing art, and thus not prejudiced in ways which vitiate so many of the attempts to portray emotional distress.

I wish here to make acknowledgment to the editors and publishers of the following medical journals in which I have published some of the cases utilized to illustrate the doctrines of this book:

Journal of Abnormal Psychology and Social Psychology.
Richard G. Badger, Publisher, Boston.

New York Medical Journal and Medical Record.
A. R. Elliott, Publisher, New York.

American Journal of the Medical Sciences.
Lea and Febiger, Publishers, Philadelphia.

Journal of the American Medical Association.
Chicago.

International Clinics.
Lippincott Company, Publishers, Philadelphia.

Journal Für Neurologie und Psychiatrie.
Leipzig.

Revue Neurologique.
Masson & Cie, Publishers, Paris.

TOM A. WILLIAMS.

January, 1923.

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DREADS AND BESETTING FEARS

Chapter I

Early Origins of Dreads

FEAR is necessary to self-preservation. In itself it therefore is not morbid. It is morbid only when inappropriate to the situation which provokes it.

A living creature observing a phenomenon for the first time is naturally apprehensive. The first railroad train heard by a horse causes him to scamper away, a flag borne into the pasture makes him scurry. The harmlessness of these objects is no protection to his emotion, for they mean to him something unfamiliar, and they arouse in him the instinctive fear which has its ex-

pression in human beings as caution. The average horse soon becomes accustomed to the noise of trains after learning that no harm results. Most animals begin to investigate anything unusual in their pasture and will cease to avoid it unless the experience hurt.

Now the young child in his mode of thinking is very much in the position of one of these animals. The child's emotion regarding a situation depends upon the meaning he attaches to it, and when a phenomenon is entirely new, the instinct of fear dominates that scene. That new situations do not continue to be fearsome is because, although they are in detail new, they are in principle made familiar by experience or training. The person judges that on account of the particular feature of the new experience which he knows to be safe, the whole situation is therefore safe.

The contrary is equally true that when a particular feature of a new experience is believed to be dangerous, the whole situation is regarded as a dangerous one. Such impressions are formed with the greatest read-

iness in early childhood, and are carried into all the relationships of the individual's life thereafter. The individual is usually quite unaware of the reason for a feeling of liking or antipathy, as is instanced by the well-known rhyme, "I do not like you, Dr. Fell; the reason why I cannot tell."

As I remarked in 1909[1] a child is much more observant of little gestures and attitudes than is an adult. Hence, the slightest indication of approval or distaste by a parent or domestic may arouse a notion in a young child which to the uninitiated observer appears self-originated. The lesson for us is that our prejudices can hardly fail to be conveyed to our children, however much we believe them to have been concealed. I may instance the case of a young man to whom a professional career had to be closed because he had not learnt Latin, in spite of serious efforts to do so at school. His inability arose from the notion current in the family that for some reason or other he was "not good at Latin." This became a family tradition, and was made

[1] "Intellectual Precocity", *Pedagogical Seminary*, 1909.

all the more bitter to the boy by the gibes of his elder brother. Fraternal amenities of this kind I have found not infrequently in patients with psychological disorder, to say nothing of the feminine refinements of torture within the family.

Regarding the conveyance of suggestion I pointed out in 1908, in discussing the meaning of hysteria in "*International Clinics*", how, long before understanding of speech is acquired, the infant learns to accede to or refuse the frequent solicitations which surround him conveyed by the behavior, gestures and tone of voice of his elders. It is the survival of these habits which is responsible for so much illogical behavior and so many prejudices of feeling which seem inexplicable to those unacquainted with this mechanism. The explanation of many predilections and dislikes is simply that the taste of the adult is due to pleasurable or painful impressions made upon the child by an individual experience which is long since forgotten. For instance, a baby is terrified by the appearance of a formidable, bearded individual with a loud voice, whose

tendencies impress him as rough and cruel. An indelible impression on the memory makes him shrink automatically from a black beard, rough voice or large man.

That terrifying reactions do not universally persist into adult life is due to their neutralization by later experience as discernment grows. Frequent harmless contact with large, black-bearded men with rough voices, who give pleasure by bringing gifts or playing games, reconditions the mental attitude towards large, black-bearded men. But this is not always the case, for there may be no other contacts with large, black-bearded men for a long period; or the dislike aroused by fear may cause the child to avoid such contacts and never learn to appreciate their harmlessness.

This remote infantile origin of our tendencies is no novelty, although an impression is abroad that it is a discovery of twentieth-century psychopathologists. Aristotle had already remarked it, and it is very beautifully set forth by the penetrating intellect of Walter Pater in one of his

imaginary portraits, "The Child in the House":

"Thus he owed to the place many tones of sentiment afterwards customary with him. Certain inward lights under which things most naturally presented themselves to him. Afterwards the like aspects and incidents never failed to throw him into a well-recognized imaginary mood, seeming actually to have become a part of the texture of the mind. He could trace home reference for an urbanity in modes of life, connected with the pale people of towns, grace to certain things and people he afterwards met."

Then Pater reflects upon "the seeming insignificance of what indelibly affects the smooth wax of our ingenuous coils which never quite detach themselves from the trick in the mode of their first entrance to us, *e.g.* the angle at which the sun fell in the morning upon our pillow." Pater traces to these influences love of the earth, love of home. For the Englishman the closely drawn white curtains and lighted lamp; and to the wandering Arab quite other objects in his tent on the desert

with its haunting ruins. Pater dwells upon the sense of security in such a home, the feeling of self-possession which perhaps interferes with enterprise and keeps in leash the wanderings of thought into the adventure of unorthodoxy. He intimates that the strength of our fear of death may be founded upon a revulsion from quitting the security of a beloved home.

It is when the fear-bringing situation is not examined and penetrated that fear becomes ingrown. That from which one runs away is always terrifying because it remains unknown, and, in essence, only the unknown is terrifying. Man can learn to face no matter what terrors, even death itself, with equanimity. Sailors who brave the fiercest storms without qualms are panic-stricken at some portent such as an albatross. The Voodoo woman who takes his savings for tying a red rag around a negro's neck, suggesting he will die in a month or so of his rheumatism unless he pays her, is playing upon a fear bred of ignorance.

"A dreadful certainty is better than an uncertain dread."

"To fear the worst oft cures the worst. Present fears are less than horrible imaginings", as already expressed by Shakespeare.

It is ignorance which breeds fear. Conrad in "Under Western Eyes" expresses it thus — "He felt the irrational feeling that something may jump upon us in the dark — the absurd dread of the unseen." Modern biographical literature is full of descriptions of dreads of the child, the examination of which reveals this.

Serge Aksakoff, in his autobiography, "Years of Childhood", tells of his fears in the following manner:

"My nurse communicated to me some information about bogies, ghosts and Brownies and I began to fear the dark at night, and dark rooms even by day. She told me my dead Grandfather was sometimes seen sitting at the table in his study. I was so terrified of this room I always shut my eyes in passing it. Once I looked into the study window, and I thought I saw an old man in a white dressing gown sitting at the table."

Again in speaking of his mother he says:

"She smiled at what I said, but gave

me a peculiar look which frightened me, though I could not understand its meaning."

And upon overhearing a conversation he says:

"Though I did not then understand this talk, I felt at once something strange and unfriendly. . . . And at the idea of my mother leaving me with relatives who did not love me, my imagination, too active for my years, suddenly put before me such terrible pictures that I threw aside my occupation, my books or pebbles, etc., and ran off to my mother, as if out of my mind with grief and fear."

In my experience, pathological timidity has always been traceable to environmental influences. That timidity is frequently regarded as constitutional is a medical error due, I believe, to loose acceptance of doctrines of heredity improperly grasped. With the proviso that weakened bodily states facilitate timorous behavior by depriving one of the physical impetus towards a kind of activity called courageous behavior, timidity nevertheless is a product of

psychological induction. Its characteristic pathological expression is in scrupulosity, incertitude, doubt, all of which are intellectual phases of the dread of action. The basis of this is fear of blame whether by oneself or by others. The origin of this fear is a sense of guilt or unworthiness; and the source of this in turn has been induced by experiences or thoughts, usually received in childhood, of a nature reprehensible, at least in the mind of the patient.

A familiar instance is that of the so-called psychasthenic constitution where a timorous indecision of character proceeds from a morbid scrupulousness which is a manifestation of a strong desire not to be wrong, and is the product of an actual sense of guilt. The pervasion of the being by this sense of guilt has been induced by guilty thoughts, the product of imagination concerning scraps of information perhaps overheard accidentally, regarded unfit for childish ears and therefore, by implication, wicked.

Such imaginations are frequent concerning death, the reproductive functions, the character of relatives, friends or neigh-

bors, religious observances, honesty, philosophical questions. Erroneous inferences about these matters can be quickly dissipated by frank answers to questions, and this is usually effected concerning honesty, death and slanderous gossip.

But regarding sex functions there is unfortunately prevalent the obscene attitude which is so pervasive that the child is unlikely to ask questions which he knows will cause him to be looked upon as lacking in decency. In consequence the seeds of a guilty conscience are unwittingly sown by parents who would be the last in the world to permit it did they understand. This is the reason for the preponderating rôle which it has become popular to attribute to the sexual life in the induction of neurotic states. It is not the sexual life or its aberrations in themselves which induce neuroses, but the fear-breeding manner in which they are dealt with before children. The element of the unknown, the superstitious or the obscene becomes preponderant and has the effect of producing a morbid sensitiveness and fear.

Neuroses, bashfulness, social dread, etc., also have other origins. Social dread is often inculcated in childhood as part of respect for propriety, but more often it arises in a social reaction among the inexperienced, who are assuming relationships of which they are uncertain, and betray timidity because not sure of themselves. It is essentially a fear of criticism or of social taboo. Hence in pretentious social circles there are many who dare not show their real nature, and this constant fear of its discovery gives rise to a constraint of manner which portrays their cowardice. There are those who exploit this human weakness for their own aggrandizement, social pirates who play upon the cowardice and weakness of the inexperienced in order to manage them for their profit. They do this by creating an atmosphere of exclusiveness around themselves. It was in this way that that archhumbug, Beau Brummel, held London at his feet for many seasons. But little Beau Brummels are found in every circle with all their pettiness and brash assertiveness. The social bully

himself, however, also lacks courage and lives in constant terror of deposition by some spirit more astute or daring.

Social timidity of this kind is less common in men. It is almost the rule in women who aspire to what they call a better social position. I scarcely think this is because women are more cowardly, but because social disapproval is more serious to a woman than to a man; and to her the disapproval is just as grave when the transgression is essentially trifling as if the offense were fundamentally serious. So, it is not because women are more chaste than men that they view sex transgressions more gravely, but because social disapproval, meaning more to them, is more dreaded. Remorse for a sex offense on the part of a woman very often has its roots in the fear of disapproval entailed. This is indicated by the study of those states of anxiety which are consequent upon sexual practices in childhood, which, though in reality quite innocent, have been strongly reprehended by the child's guardians or companions. When investigated, the ori-

gin of the patient's anxiety regarding these is dread of disapproval. A patient will often make an excuse to delay returning to the doctor after revelations of this character, and will confess she was afraid to return "for fear of what would be thought of her."

Yet in men too there are conditions in which this form of fear is quite strong, for in organizations where there is hierarchical subordination, as in armies, industrial corporations and even in associations for scientific, literary, political or artistic purposes, fear of disfavor is very strong. There are university professors who because of terror conceal many of their opinions and go through life in one long cringe. The dread of the tyranny of the little potentates in our large organizations is a reproach to our civilization, showing as it does the weakness of both governor and governed.

Chapter II

Bashfulness and Kindred States

BASHFULNESS, or dread of contact with one's fellows, is often confined to situations where responsibility has to be undertaken. One of the most instructive instances of this very frequent affection that I have encountered is that of a man who at bottom was conscious of decided intellectual capacity, but felt himself greatly impeded in his professional work, which demanded frequent conflict with persons whose interests were opposed to those he professionally represented. He was impeded because of the emotional reaction these contacts provoked. It consisted of a choking sensation and an intense constraint. But his chief trouble was his dread that others were no-

ticing the tension under which he labored. Their doing so would place him in a disadvantageous position in the contest of wits. The same would be true when he had to approach a person in authority.

I explained, after examining him, that timidity does not connote mental inferiority. Idiots and the stupid and ignorant are seldom anxious. I related numerous instances of highly intelligent persons, of great distinction, even among actors, who are exceedingly timid upon certain occasions, and I spoke of a general terrified at a harmless cat. Overemphasis upon the responsibility of one's task promotes anxiety and dread. Fear wastes energy, causes fatigue and is not useful in such situations as those he experienced. Further, it is not the situation which causes the dread but one's more artificial notion concerning it, one's own imagination of what is happening or what may happen. The average individual is neither overly timid, nor on the lookout for timidity in others, and only notices it in them when distinct signs appear, such as trembling, vocal unsteadiness,

blushing or a hesitating manner; and even then he is not inclined to look down upon it, but feels compassionate and makes allowances.

My patient returned in a few days "surprised at the depth of the impression made by those considerations" and by the success of the experiment he had made at my instigation when he deliberately sought occasions where bashfulness might be exhibited. He now noticed that his timidity was greater in the evenings. The cause of this, I explained, was the lessening of available energy, when tired, with which to overcome his resistance to performing social adjustment. I urged the importance of keeping in mind the correct interpretations I had given him and of continuing to seek occasions for putting these into practice.

For a long time he could not be persuaded that others were not preoccupied in noticing the details of his behavior. ("Ideas of reference" or "false interpretations", this is called by psychiatrists. These may develop so that the patient becomes unsafe,

when he is called paranoic.) I reiterated the earlier explanations, furnishing further illustrations and examples, so that the lesson went home this time, and when he returned to me two weeks later he no longer believed that he expressed timorousness as he formerly had. He also kept in mind that the people he interviewed were not themselves under the kind of strain that he had formerly felt. When bashfulness seemed imminent he was controlling the situation by looking upon it less gravely than he formerly had, but he still felt a dread that he might not respond adequately where a business deal was of great importance. Accordingly, I again made clear to him the mechanism of his state, and he then was able to conduct his affairs until, on account of an imminent removal from Washington, he came to see me again, seven months later.

His bashfulness had ceased, and the only remaining trouble was the belief that his sister had recognized it; hence she recalled his former uneasiness. On reflection he attributed this to the fact that he only saw her for a few minutes at a time. Accord-

ingly he began deliberately to stay longer with her, while reflecting upon the considerations he had been taught; so that eventually even with her he became tranquil. He had also begun deliberately to cultivate people socially, but under considerable tension. Whereupon I told him that a terrier hunting a rat, although under great tension, was not in the least timid.

Some months after he left I wrote asking for my letters to him, believing that they might be useful to other patients; unfortunately they had not been retained. But he wrote that he was happy and free from worry, and now felt that it was not so terrible to appear bashful even if one were: that he understands that behavior which he thought indicated bashfulness in others does not really do so, and that most people are not bashful in ordinary transactions.

In this man the specific factors which induced the bashfulness were not discovered. While it is often an advantage to know them and sometimes it may be essential to do so, yet a psychological mechanism may be sufficiently understood without the

actual knowledge of the individual circumstances by which it has been produced. This is especially true of character trends such as are exhibited in the foregoing case. Another type of which this is true is a general hyperconsciousness, so common in certain families, or indeed, in whole communities. It is impossible to recall every minute incident or percept which has produced that personal trend, and even if possible it is quite unnecessary provided that the psychiatrist takes the trouble to ascertain the nature of that trend and the general manner of its genesis.

Closely related in mechanism to cases which illustrate dread of responsibility are the cases of young people in school or college to whom reciting in class is terrifying. This dread may originate through experiences in the college or school itself. It is one of the causes of children discontinuing their studies and insisting upon going to work, which is merely a pretext for evading the ordeal of the recitation. These cases are relatively simple, and may be comparatively free of character defects in other respects;

but that a distortion of character will emanate from the evasion of difficulties may be prognosticated unless later circumstances are unusually favorable, the most favorable circumstance of all being access to a competent psychiatrist.

More commonly one finds that dreads contingent upon life in school or college are the fruit of inadequate adjustment to social situations during childhood. Sometimes these originate in circumstances outside the home, but more usually maladaptations are the result of faulty treatment by members of the family, and more particularly by one or both parents.

There are many cases in which at first sight the home surroundings are superficially all that people regard as desirable, *i.e.* where the bodily welfare of the child is considered, and where the conventional protections are imposed. A deeper study of some of these families will show how intensely injurious the environment really is. Often, instead of developing towards independence of thought and judicial adaptation to difficulties, the child is prevented

from thinking, and there are imposed upon him by weight of authority or by what is even more insidious, the demands of affection, the most pernicious prejudices, such as family pride and intolerance, pusillanimity and shame, or other false attitudes towards others. Out of a mistaken loyalty to the parent, the child is unwilling to discard or even honestly examine such prejudices, which become bound up with his deepest affections. He does not realize how much his life adjustment has become distorted and how he is handicapped both for happiness and usefulness throughout his whole future, unless he undergoes early enough a most painful process of adapting his outlook and feelings to things as they really are. This is particularly true of young women. Perhaps the license they have taken in these days is a less illegitimate social phenomenon than those who deplore it would have us believe. Perhaps it is a revulsion from illusions, evasions and subjugations by parents of narrow outlook.

The emotional conflict which arises when dearly held illusions are faced by imper-

ative facts causes much pitiable suffering which might be mitigated by wise assistance in safe adjustment. This transformation may be accomplished both rapidly and completely. The replacement of depression by joy is a moving spectacle. This I recently witnessed in a young person where the circumscribed outlook of the home had been responsible for many years of unfruitfulness and unhappiness. The parents, of course, would be the last persons in the world to permit so pernicious an effect upon the welfare of their children did they only realize it; and many of them deliberately try to avoid impressing on their children their own weakness. But an affective reaction like fear or pride cannot be concealed, as it animates behavior in spite of oneself in the great majority of individuals. Hence a mother should purge herself of childish dreads of danger to her children, and the father should refrain from intemperate, intolerant and short-sighted judgment, so as not to warp the sense of responsibility of his child.

Those children who do not outgrow parental authority grow up moral weaklings

and unprogressive followers of the conventions. Those who succumb under inward protest become vacillating characters, lacking in initiative and unhappy at their own incompetence. Those who frankly rebel are prone to become Ishmaelites, their hand against all men, fighting for change and reform in a world which has deprived them of the intimate affection which they fail to receive at home and without which the character must necessarily be warped. Also, these include the easy victims of shipwreck on the rocks of misplaced affection for which they hunger, and who have been deprived of the compass and sextant of father and mother by which to steer their course.

From these dangers members of large families have more chance to escape, unless indeed one of them happens to be eddied out of the main current of family life on account of sickness, disparity of age, peculiarity of appearance or special treatment of one of the parents, in which case this child may escape the collisions which in a large family are nearly certain to rub

off the angles of singularity. In this unfortunate contingency the child's position is comparable to that of an "only child", whose lot has become a by-word among some psychologists, forgetful that many men of great distinction have been "only" children. It is not the fact of being an only child which distorts the character, but the mismanagement of unwise parents who induce an only child to believe that he is the center of the universe, and who permit themselves to be exploited by his whims. This foolish kind of parent scarcely brings up the child; he is the foundation of the jibe that the modern child brings up its parents. When there are several children they must learn to give and take, for the whims of one can rarely prevail, and hence the chance of ruining the character is diminished in proportion to the number of children in the family.

Chapter III

College Breakdowns

FAILURE in school or college studies may of course arise from intellectual incapacity, but that is a matter that can be easily ascertained. Sometimes a person amply endowed intellectually will begin to fail after severe stress. Such was the case of a medical student who had worked his way through college by doing very hard work during the summer also. In his final year he found himself unable to compass the necessary studies. A case like this is comparable in some respects to the athlete who from excessive practice becomes stale. In the student spoken of, the interruption of his studies for six months, during which he engaged in remunerative work that did not demand great effort of attention, enabled him to accomplish his final year of study.

It is not often that brain fag of this kind interrupts study for a considerable period. The usual cause of the breakdown stigmatized as nervous is a disturbance of the emotions, and a frequent one is some form of fear.

Thus, a collegian of twenty-one, after a violent struggle to accomplish the work at a woman's college found herself unable to do so, became more and more panic-stricken by her failure, slept worse and worse, and finding an emotional outburst imminent, and in terror of disgracing herself, induced her people to allow her to leave. Rest scarcely improved her, and an attempt to teach school was not successful, although she finished the term. A year later she was sent to me to see if it was expedient for her to return to college.

Psychological examination revealed the real cause of her failure. She was a healthy, muscular girl of excellent stamina and clear mind; and there were only some minor physiological disturbances which were readily dealt with medically: viz., an elevation of pulse and blood pressure, soon falling

to normal, and a roughness of skin and excess of fat soon disappearing with treatment. It eventually transpired that she herself attributed her failure to a hereditary defective nervous system for which there was no remedy, and this seriously alarmed her, as she wished to continue at college in order to please her family.

Psychological investigation, however, soon showed that her life had been a prolonged though intermittent struggle to avoid or combat her various fears, and that the intense emotional stress of relating herself to her fellows in college, particularly when she was placed in a conspicuous place before them, as in reciting, had undermined her strength until she could stand it no longer. This timidity had not been so evident when she attended a Southern high school where conspicuousness was more avoidable. Nevertheless, even there, when called to the blackboard, a horrible faintness would seize her, and she swooned once in terror during a violin lesson.

As a girl, at home, singing in the choir terrified her and she pleaded very hard,

without success, to be allowed to leave this conspicuous position, although she did not inform her people of her real reason. Another of her dreads was of an open place. When in the open she felt as though her balance was being lost, and experienced an almost irresistible attraction for the ground and a wish to go on all fours. Her legs weakened, her heart palpitated and she became more and more terrified. She had avoided occasions for being alone, which she also dreaded. Another of her fears was of herself, as she called it. This began in the bath on an occasion when she began to wonder who she was; it was the realization of the ego, as psychologists call it. The detachment of herself in thought from herself in the body caused a terrifying feeling of loneliness. This is not an infrequent reflection, all through life, and has been expressed by many philosophers, but a child in a bath not used to philosophizing found it a terrifying conception.

As a young child her embarrassment would show itself by a twitching of the eyes. This became a habit which she succeeded in

stopping when bribed, although it recurred each spring until she was about seventeen.

These fears had really originated when she was about four years old. One evening, while walking alone, the sudden noise of a street car startled her, so that she ran away, past people she knew who were sitting on their doorstep during the heat of summer. She was so ashamed of her conduct that ever after she dreaded showing fear before others. It was this incident which formed the root from which grew the dread which poisoned her life. At college so great was the girl's terror of living with her dreadful anticipations that she had decided to expose herself to cold in order to contract pneumonia unless she was allowed to leave. Before she was permitted to leave, her terror had reached such a pitch that nearly everything would induce it. At meals she could scarcely swallow, at times she was going about in a kind of daze with a feeling of pressure in the head.

This sensation in the head is a frequent consequence of prolonged anxiety. Physicians once supposed that the patient's

complaint was imaginary and that the headache was an excuse to avoid the unpleasant. It was regarded lightly as one of the "inexplicable symptoms of neurasthenics." This opinion, which I could never hold, is fast being abandoned. Sensations of this kind in the head are now not looked upon as different in kind from the sensations which emotional states may produce in any part of the body, more particularly in the chest, abdomen and pelvis. Unfortunately many of these sensations direct the victim's attention to the region where the sensations are felt, and he believes that a physical disease of the organ must be present, and often succeeds in inducing the same belief in the medical man he consults. Even surgical operations have been performed because of symptoms of emotional origin. Pressure is the usual feeling in patients in this state, as in this girl, but in some instances the feeling is one of void.

She had succeeded in her brave struggle until a perusal of a textbook of psychology, in which she naturally turned to the chapter on

fears, informed her that they were "mental" and absolutely beyond her control. This was the finishing touch. This misinformation which, of course, she did not know better than to believe, made her feel like a creature in a dragnet from which she could not escape, and therefore she lived in a constant panic.

It is instructive to note that the fear of situations which would make her conspicuous before others was in no way aggravated when there occurred at the age of fifteen that frequent ashamedness of their sex which affects young girls, even although she believed for a while it was wicked. Later on, when she once missed menstruation, she feared, in her ignorance, that she must be pregnant. So much for the sexual factor in this girl's neurosis, even though at the age of eleven she did not wish to grow up, but wished to remain as a child where the facing of situations was less exigent.

Although the genesis of her apprehensiveness was quickly uncovered, yet it required several interviews to bring home to her the

real import of her difficulties. When she realized the import of what we had revealed she still had several objections to offer. For instance, she asked, "Why, if the feeling of fear comes only because of fearing it, does it come sometimes without thought, and at other times does not come even when thinking about it? Since my thoughts or dread of it seem not directly to affect it, is it not a thing that is fundamental and so will come even though I understand it?"

To this I replied that it depended upon the attitude of mind one adopted towards the particular occasion which aroused fear. Thus, an engineer officer did not fear a barrage, because he took the attitude that to encounter it was part of his duty, whereas he did fear the creaking door when in the house alone because it aroused infantile feelings the cause of which he had dodged instead of meeting logically and courageously. It is a misapprehension to infer that fear of this kind comes without thought. It only seems so because of its rapidity, as in the case of the boy who ran in panic for fear of the wild beast jumping upon his

back and who, when he really considered the problem, had to confess, "I guess my imagination gets away with me."[1] On the contrary, fear is aggravated by thinking of it timorously without understanding, superstitiously; whereas when we think of it studiously, in a scientific spirit, with a view to penetrating its meaning and understanding its causes, one would cease to be afraid because one would exorcise the bogy which is always the real cause of fear.

These answers destroying the premises of the question, the conclusion that her fear was fundamental "and will come even when understood" was invalidated.

Another of her doubts was that one might legitimately fear a return of loss of confidence, especially in a person of a melancholy disposition. To this I pointed out that the loss of confidence had specific causes, and the removal of these would prevent the recurrence. Furthermore, I told her that no patient whose fears had been removed by me had ever relapsed in spite of encountering most exacting trials of courage,

[1] See Chapter XI.

some of them over a period of many years. She asked if her fear were more fundamental than that of one of the cases I had cited to illustrate the formation of fear, viz. that of a small boy and some lions in a zoo. (See p. 164, Chap. XIII.) I replied that it could not be more fundamental than that of a pantophobic professional man of highly faulty heredity, whose fear was removed in ten days and in whom it has not returned, twelve years later. Reflection upon these data has enabled this young woman to dispose of her fear, and she now leads a happy existence.

The fear of situations where one has to adapt oneself to the wishes and desires of others is due to a feeling of inadequacy to these situations. It was described at great length, by Pierre Janet, after the study of about three hundred patients, under the name of "*sentiments d'incompletude*", as one of the manifestations of a general state of lowered psychological tension, as he called it. He termed the patients psychasthenics, and in his great book, "*Les Obsessions et La Psychasthenies*", he has

given us the most complete description of the state of these distressed persons. However, he has failed to penetrate very deeply into the genesis of these patients' symptoms and is often content to incriminate heredity without ascertaining the determinative sources of the patients' difficulties.

During the last sixteen years the focus of my thought has been to understand the pathogenesis of psychoneuroses. The cases immediately preceding are two of a great many examples of which the mechanism of psychoneurotic thinking has been revealed to the betterment of the patient.

The followers of Freud mislead the innocent into the belief that only they can perform psychoanalysis, have alone sought genetic explanations. Within the last ten years facts have compelled them to recognize these feelings of inadequacy which Janet described as long ago as 1903. By a somewhat different approach and in a different setting they speak of what is essentially the same condition in their own jargon as "inferiority complex." The connotations of this term are too sweeping to fit in the

majority of cases in which feelings of inadequacy occur; for there are few persons who have a complete sense of adequacy in all the situations they have to face, and the self-confidence of most of these arises from poverty of experience or lack of intelligence, or both.

Aspirations for the sense of completeness find expression in such sayings as that of the motto of Margaret d'Este, that virago of the Renaissance, "*Nec spes nec metu.*" Swinburne has expressed the same ambition in one of his poems, and Euripides in the final chorus of the Alcestes says:

"And many things God brings to be past hope or fear."[1]

Indeed it is to their rôle as a compensation for the almost universal sense of inadequacy for life that we must attribute the prevalence and influence of such religions as Christianity and Buddhism. In both of these is strongly implied the inferiority of man. "What is man that thou art mindful of him?" Indeed even in our day there are communities in which the habit of inade-

[1] Gilbert Murray's Translation.

quacy is so ingrained that even elementary sanitation is opposed on the ground that it controverts the will of God. They have overcome fear by resignation, which has become a virtue, especially among Orientals or in fatalistic religions, and life is made tolerable by concentrating attention upon a better one to come.

Chapter IV

Fear and Stammering

THE sense of inadequacy to a situation has different expressions in different individuals. Any of the physical reactions of fear may occur. Some of the reactions in turn produce another fear, as they make the individual conspicuous, so that he comes to fear them more than the situation itself which has aroused them. Those who flush when embarrassed may come to fear the flush if it is visible, as in the face, or in women when over the neck and chest, which are so often exposed.

When adaptations have to be made, as in social commerce, the paralyzing effects of dread may come to be feared. Such is the case in those persons whose "hearts jump

into their throat" so that speech is interfered with, or in whom the roof of the mouth becomes dry. In some individuals phonation is blocked or the muscles are tightened to such a degree that a stutter occurs. The intensity of the poor victim's impatience to overcome this leads to the repetition of syllables in all its ludicrousness. The limitations felt at the frequent repetition of this lead to intense and anxious efforts to overcome it, which only makes it worse, because the greater the effort, the more tightly are the muscles contracted and the more difficult to manage. Eventually the impulse to stammer becomes irresistible in certain situations.

The following letters of a patient illustrate the history of many a stammerer and show the value of transformation of the mental attitude even in highly excitable individuals:

March 11th

In stating the history of my case I brought out the fact that I had stammered all my life, both in speech and in playing the piano, and that it had been always the

greatest concern to me. I took up music because I stammered and felt that I had failed in my profession because of my lack of nervous control. Also that I had attended two different stammering schools and had been temporarily cured at each.

Why did the cure not last?

Correct speech by use of the methods employed necessitated a mental control of which I was incapable (apparently) at that time. While under the influence and the environment of the school my problem was infinitely easier than when I returned to my former way of living.

I then told of my difficulty with certain letters of the alphabet such as hard D's, C's and T's. The doctor asked me to say the alphabet for him, which I did without any difficulty. Then he asked me to read aloud a letter which he had. While I was reading he observed that I did not have sufficient jaw movement, that my jaw was tense. He advised that I relax my jaw and strive to use it more. He called attention to the way women talked at teas. Perhaps the first thing that one would notice in a roomful of women would be the movement of jaws. I could do well to follow their example.

"The cause of my stammering," he said, "was the combination of a highly nervous

temperament and a faulty speech mechanism." Somewhere it seems I had learned to speak incorrectly when a child and the difficulty had simply not been attended to.

The cure was to learn to control my excitable nature and to learn the correct way of speaking. In this connection he gave me some exercises for relaxing the jaw and the advice to talk slow and "taste the flavor of my words."

In the five days which have elapsed since my interview I have perhaps talked better than I ever have under similar conditions of living. However, speech habits are not to be overcome so easily, and I am not resting on my laurels by any means. Every day it is my intention to read aloud slowly. Every opportunity to speak is to be considered an opportunity to practice. I will try not to attempt too much, but what I do I want to do well. The obstacle does not seem too great to me now and I feel confident that I will be cured.

March 21st

I remember you telling me that a relaxed jaw alone will not cure my stammering and that stammering or a nervous way of talking could easily be developed even when the jaw is relaxed. There are other vital factors. After the speech organs

have been trained to function naturally without conscious effort a cure is not complete until a mental poise has been sufficiently developed to insure permanence in control. Possibly the only way to develop poise is to experience, to be active in various lines — meet people under all kinds of conditions, made to deliver under handicaps and forced to talk under various degrees of emotional strain. To me this last is perhaps the hardest thing to do. I feel too deeply and allow my emotion to show itself too plainly.

I have noticed this:

Under the suggestion of a "new method" my talking invariably improves for a time only to take a relapse after the newness has worn off. I believe that this is because I relax my vigilance when I find I am talking well, and before I know it the old habits are in power again with seeming added virility.

If my stammering is only *one* manifestation of a nervous disorder no cure will be effectual until *all* manifestations are taken care of. Possibly the same nervous habit which prompts me to play too fast, walk too fast, eat too fast, is the basis for my stammer. But I feel that my difficulty in speech is a combination of things, all of which must be controlled before speech

will be easy. My problem now is not so much with the proper manner of executing certain vowel and consonant sounds, but rather the enormous one of changing habits of long standing and readjusting my attitude towards myself and my work. I take them both too seriously. More attention should be paid to the work in hand and less to what people are thinking.

I recall my bitter disappointment upon returning from my first stammering school. My conception of a cure was some sort of an immersion from which I should come free from speech difficulty. It was a blow to realize that the "cure" depended upon my own power and meant a constant struggle for perhaps years with a demon that seemed too powerful and mysterious to cope with. I realize that I will never be cured by a magic wand, but now the demon does not seem so powerful nor mysterious and I know it cannot survive against intelligent, constant effort.

August 5th

I have felt the need of your personal touch and I do not think this case would have ever been carried to a successful conclusion without it. Of course the conclusion has not been reached but it is coming. For three weeks after our meeting several weeks ago

I was conscious of a power sustaining mine. This power I believe to have always been with me and I know I have it now but the difficulty has been that it has not been judiciously used. Our last meeting accented one thought: doing things easily. The effect of that lasted for about three weeks. Then came a change in my duties here at the hospital and almost immediately the change was reflected in my talking.

I was appointed curator of the Museum and officer of the department of Illustration and Exhibits. Ordinarily this is an interesting work and would have appealed to me, but it seems the department had a bad start and I soon found I was not in a position to get worth-while results. My work consisted mainly in camping on the heels of the workmen and the property officer in an effort to obtain equipment. There was also much petty jealousy between the artists employed in this department and altogether it was discouraging work and seemingly without point. This situation threw me out of poise and for a while I did not talk very well. One day the officers on the staff were given a talk by representatives of the Adjutant General's Office on the subject of recruiting, and in thinking over what I could do to boost the morale of the

Post and to promote re-enlistment I hit upon the idea of a recruiting song. A day or two later I met a friend of mine, and during our conversation I showed him this song and also played it over for him. He was not certain of the advisability of such a move, but he was certain that he wanted me for his assistant. (It seemed he had just been detailed as recruiting officer.) I tried to back out and told him I would not be able to give any talks, but he insisted and the next day I received my orders to report to the Major as his assistant. At that time I was talking none too good. I was afraid, frankly afraid, but the excitement of the thing appealed to me and then, as I have said, I was thoroughly sick of the Museum work.

We decided to make a ward to ward canvass and talk to little groups. All the enlisted men had just been called together for that purpose and the results were disastrous. The officers were almost hooted off the platform. Our problem was not an easy one and it was obvious that any officer going forth on such a mission would have to be pretty sharp to answer the arguments against the Army and this Post which would be flung to him from all sides. He must also be able to withstand the taunts

which other officers would throw at him and be able at all times to have a come-back.

I began to talk enlistments to everybody I met. I would approach the enlisted men every time an opportunity presented itself. I found that the objections to the Army were confined to one or two phases of military life and that in most instances they were merely an indication of a shallowness in the complainant's make-up. But whether the objection was reasonable or unreasonable it had to be met and explained away. I began to talk well. I have been talking well for some time now and the latest idea which I have is that it is a good thing for me to be on the job where I must talk a great deal. For the last week I have done more telephoning than ever before in my life and I find it getting easier all the time. I am not cured. I still have difficulty, but I feel that I will simply get better and better until there will only be a very slight trace and no indication that I ever was a stammerer.

It should be obvious enough that to direct attention to the stammering itself only adds to the patient's intensity, and indeed proves another obstacle to the relaxation of mind which must be the object

of treatment. This requirement seems to have been generally ignored. Only Ralph Reed has drawn attention to it. (*Journal of Abnormal Psychology and Social Psychology.*)

It is notorious that no one stammers always and some do only seldom. A study of the situations in which these latter do stammer shows that they do so when they are afraid of not being able to do justice to the situation. In the habitual stammerer, for fear of the situation has been substituted the fear of stammering. In the former case the cure is to be effected by transforming the patient's attitude towards the situation he fears. This is to be effected, as expounded in this book, by first discovering the real import of the situations dreaded and then by changing the patient's attitude towards them.

Persons who fear to stammer must first learn that it is not the stammering itself which is the important feature, but the foundations of character which have made it possible, and that the more they think of their speech, the less easy it will be for them to speak. It is better for them to

direct attention to the foundations of their character in order to rebuild these with a view to getting rid of the timidity, hesitancy and perhaps ashamedness which at first incited them to stammer. An overwhelming environment has to be escaped from, such as the dominance of an overbearing or too exacting parent, or a censorious community. If this cannot be effected morally, then a physical change of place must be made.

This kind of stammering is sometimes only one manifestation of a general hyperconscientiousness; for the exactions which lead to blockage of speech are rarely circumscribed and may lead to all kinds of blocking of spontaneity in the child's behavior and thus produce vacillation in his character. Even though the exactions seem to be imposed from within by the conscience, they are in fact imposed by the moral atmosphere in which the child was brought up. The overhearing of a remark, perhaps not even meant for his ears, is pregnant with consequences to the child eager for experience and usually not sufficiently in-

formed to adjudicate the issue thus presented to him.

"Names, whose sense we see not,
Fray us with things that be not."

Chapter V

Anxiety States[1]

ANXIETY is merely chronic fear. It affects the bodily functions in a similar way. The sources of the anxiety are not always apparent to the patient. There are several reasons for this. One is the complexity arising from the failure of the circumstances which arouse the anxiety to lend themselves readily to a clear grasp of their import. The preoccupation by the anxiety, which might lead to a discovery of its causes if scientifically directed, is usually

[1] There are those who like to apply the term "neurosis" to states of anxiety. They defend this on the ground that there may be special dispositions of the lower neurones acquired in infancy and becoming conditioned into a habit-reaction which they have termed an action-pattern. We are far from proof of this; and so many errors have occurred in the past on account of theoretical assumptions of a similar nature, that it is better to remain on safe psychological ground.

a mere worrying repetition of the fact that one is anxious, and not an investigation of circumstances at all.

A second reason militating against an understanding is the patient's reluctance to face honestly what he feels might be discreditable. A third is a tendency to be carried away by the feelings and a lack of power to pause for a logical judgment.

To this tendency is given the name of suggestibility. It is highly developed in primitive people and in children. It is subdued or diminished in proportion as one is trained into habits of logical thinking, more especially where the management of the emotions is concerned.

Many seeming exceptions occur to this statement. Examination of these shows that the training of these persons has succeeded only concerning a portion of their activities, such as, for instance, those concerned with their occupation. Many a man of highest acumen in the scientific world or in business is the easy prey of the suggestions of the salesman or of the medical charlatan. The present vogue of spirit-

ualism is a striking instance of the muddled reasoning of thousands of persons who in daily life conduct their affairs in a tolerably intelligent fashion. Their fall is not entirely due to ignorance of the operations of the mind and the effect of feeling upon thought. It is often a willing blindness motivated by wishes of which the person is quite aware, but of the relation of which to his thinking he is not appreciative.

Self-preservation is fundamentally the strongest of motives, and fear of death or of the disability which will prevent livelihood is not confined to immediate emergencies but may be a prolonged sentiment expressing itself in what we call anxiety. That is why the bodily functions are so frequently the center of preoccupation in states of anxiety. And it must be remembered that emotions distressing in themselves repercuss in different ways in different people so as to give rise to different bodily sensations. One person may shiver along the spine, another may palpitate, another choke, another urinate, another vomit, in another the hair may stand on

end, in another the skin may be suffused with a flush in some part of the body or face. The mouth may become dry, the intestinal movements may stop, the secretion of gastric juice may be arrested, a cold sweat may break out, the patient may tremble, he may even drop to the floor, or become unable to move or speak, with thinking almost arrested. The consciousness of any of these bodily states may lead to anxiety concerning the whole body or only of the function which seems affected.

For instance, a person having experienced digestive distress because of an emotional upset falsely attributes it to disease originating in the stomach. Then he becomes preoccupied about what he should or should not eat. His trepidation at meals serves to increase the very anxiety which is the cause of his poor digestion. Hence, he restricts his diet more and more, inadequate nutrition follows and with it lowered interest in external affairs, as well as less resiliency with which to rebound from his dread of his stomach. Professor Dejerine has shown how readily we can dissipate

the anxiety of these patients concerning their digestive function by proving to them that they can digest food, and do gain weight.

I append an example from my own experience in which the element of anxiety was minimal and in which the factor of suggestion was the most important feature; this was because the patient was unusually young. However, youth in itself is not an effectual bar to a perversion of ideas, even when an instinct so powerful as that of alimentation is concerned; a physician recently called me to see a child three and a half years old, in whom existed a similar mechanism on account of which the child would refuse its food. This latter child was cured without hospitalization, by alteration of the morale of the household concerning it.

A child aged eleven was referred by a gastroenterologist, who had been treating her because of dyspepsia and a capricious appetite. During the preceding three years she had left school three different times because of her health. The only occasion

on which any definite disease had occurred was six weeks before she was sent to me, when she had a slight operation for an infected corn. After this she had been dieted, and seemed to improve for about two weeks; but during the week preceding my consultation she had lost one and a half pounds.

Upon going to bed she felt sick and weak, and pains shot all through her. She had had a constant headache for several months. When she felt ill she was very peevish, and she was homesick for her playmates, as she had made no friends in Washington, where she had only been a few months. Instead of playing she sat and lay about most of the day, feeling too tired to fetch her books for reading, of which she was formerly very fond. She had also been fond of games formerly. She had had glasses since the age of eight, but had not worn them until lately. Her appetite was very poor.

The mother had been very conscientious in her upbringing; and this had reacted on the child, before whom far too much attention had been shown regarding both man-

ners and physical welfare. Conversation before her would frequently concern the appropriateness of different foods and their digestibility; and the atmosphere of the home was one of solicitude about the child's health.

As an infant she was not retarded; she had been apt at school except in writing, when her hands would jerk; but they did not do so in sewing, at which she was skillful. Her bad writing in school disturbed her, and she would become "hysterical." Respiratory infections were easy and frequent, as was the case with her father. Perhaps this was accountable to mouth breathing; for this adenoidectomy was performed when she was eight.

We were dealing with a case of "hysterical nosophobia", by which is meant a fear of disease implanted by suggestion, a matter very easy in young children and uncritical people in general. But it is quite exceptional for food and appetite to be the subjects of a phobia in so young a child, for in the child the vegetative functions and instincts are usually paramount.

She was sent to the hospital on account of the nosophobia from which she suffered, the result of too much sympathy at home. When her parents left her she wept bitterly, but was soon relieved by a little "jollying." She promised that she would try to behave properly if her parents were allowed to visit her. The promise that they might do so stopped the weeping for twenty-four hours. The visit was postponed, however. She was encouraged to play with another little girl patient; and this she came to enjoy so much that she ceased to ask to go home. When she was quite contented and happy she was allowed to return home, where she has remained well ever since.

The treatment in hospital consisted of creating an atmosphere around the little patient designed to show her how trivial were her own preoccupations about what she could eat as compared with the real suffering and disabilities of the patients around her in the ward. Of design she was placed in the open ward in preference to a private room. She was shown to what a degree her feelings and behavior were under

her own control, and no solicitude was shown about whether her food would agree with her or not.

It is not possible to set down in detail the numerous measures used to destroy the inconvenient suggestions to which she had been subject so long. While the therapeutics inevitably contained a modicum of suggestions, yet the end worked for was always the giving of a rational understanding to the little patient of why her symptoms had occurred and how to prevent them in the future. In other words, the *modus operandi* was persuasion and reëducation. Toward this the hospital furnished a valuable aid, not merely because it was a hospital, but because the nurses were intelligent coadjutors of the case. The child had been too much derationalized to have been manageable by office consultations alone unless the mother had been able to collaborate, which she could not, — not from lack of intelligence or conscientious desire, but because she had not understood the psychological mechanism of the daughter's illness. The mother's reëducation was much more read-

ily effected when uncomplicated by the child's presence. Its success was shown by her successful management of the child when she returned home.

Preoccupation by the function of the heart is a very frequent source of anxiety. This may be purely emotional, the patient being dominated by the suggestion that his heart flutterings indicate disease.[1] His fear is to be dealt with according to the principles set forth in this book. But not infrequently there are physical factors which disturb the beating of the heart. These may be trifling both as regards the heart itself, and as regards the patient's general health. But the sensations referred to the heart are nevertheless alarming, so that the physician has to deal then with the anxiety state now under discussion. Sometimes again the physical state is less trifling and there may be irregularities of rhythm, increase of rate or actual inadequacy for extra effort of the heart.

In certain of these instances, too, it is not the slight discomfort from such conditions

[1] See case in Chapter VII; also that on p. 98.

as these that incommode the patient, but the anxiety that he feels concerning them. Sometimes this is the product of medical suggestion, which leads him to suppose that the condition of his heart is more serious than is the case. This may occur even when the patient is assured to the contrary, through a physician's mistaken policy of trying to minimize to the patient's mind the condition present.

For example, a man was referred to me because of anxiety regarding an acceleration of the heart with accompanying unpleasant sensations whenever he walked a few blocks. He had seen three eminent heart specialists, all of whom had assured him of the soundness of his heart. This assurance in no way diminished his fear of death, a fear which occurred upon any exertion. He felt that there must be something that the physicians were trying to conceal. It was only when the admission was made that there must be an unbalance of the mechanism which accelerates the heart that he was able to reconcile himself to his condition and go about his work with due precaution

and without undue anxiety. What was done was to remove from his mind the fear of the unknown. "Better a dreadful certainty, than an uncertain dread." But the certainty was not so awful in this case.

In young people, anxious preoccupation as regards the health of the generative organs is a not infrequent upshot of the observation of their functioning. This psychic weakness is pandered to by harpies who advertise remedies for conditions which are often merely physiological. The anxiety fostered in this way may become so intense as to lead to suicide. Fear of the consequences of masturbation is a happy hunting ground for these charlatans.

Dread of impotence is not an uncommon source of anxiety in older men. I have had several occasions to dissipate this in men about to be married, or even soon after marriage, where some accident has aroused an anxiety so intense as to inhibit the proper performance of the sexual act. In women such preoccupations are less frequent, but they are more apt to be anxious concerning such diseases as cancer.

This fear of the genital function is sometimes the foundation of a social fear formerly much more prevalent than now. It expresses itself as extreme diffidence in relation with persons of the opposite sex. Of course it has received enormous intensification from ethical doctrines which taught that woman was an unclean thing and denied her a soul, and which asserted that carnal relations with her were an evil, even though necessary. The ideal to be sought was celibacy. So extreme became the obsession that in the Greek monastery at Mt. Athos not even female animals were permitted upon the place. This absurdity was satirized by Shakespeare in his first play, "Love's Labour's Lost."

The same sentiment among women was strongly pervasive during the nineteenth century in Great Britain, and was exquisitely ridiculed by Tennyson in "The Princess." But ridicule of this kind does not reach persons seriously affected by this obsession. Far more powerful as an instrument of moral help has been the diffusion in our day of information concerning the

physiology of reproduction. This, in conjunction with the great expansion of the freedom of young women, is rapidly putting an end to fears of this kind.

Dreads and fears of tuberculosis, syphilis, and other contagions are not uncommon in our day of widespread information about the way infection is spread. They only parallel the intense terror of leprosy,—so graphically portrayed by Lew Wallace in "Ben Hur",— plague and other epidemics of the Middle Ages. They are to be dealt with on the principles which will be apparent to every reader of this book.

Chapter VI

Occupational Phobias

UNFITNESS for work is not infrequently a product of apprehension concerning one's ability to perform it. The fear to which this gives rise in some persons has an effect so paralyzing as to cramp movement. This is particularly detrimental in those whose occupation demands muscular skill, such as in the case of pianists, violinists or singers. It is true also where writing and typewriting are concerned, as well as in the manipulation of the Morse key. The relation of the following examples may give a better insight into these difficulties than a long description.

A man had been unable for one month to write his name clearly on account of a tremor. We know tremor is a symptom of

toxemia or of nervous disease; but this man could draw without trembling, which he could not do if his neurones were diseased or intoxicated, so we concluded that his tremor was psychogenetic. Investigation showed that the first time he trembled was when he returned to work after a surgical operation before he was fit to do so. The bank did not recognize his signature, and *apprehension* of this caused him to tremble thereafter when attempting to write. Reëducation led to his cure in a month after one consultation.

The rôle of mental prepossession inhibiting the due coördination of muscular movements was explained to him and illustrated by means of the strokes in lawn tennis, more especially that known as the drive. It was shown that fear of making an improper stroke is very likely to lead to lack of freedom and cramping of the muscles, which was the very position to be avoided. Still greater anxiety will create an uncertain, wobbling stroke, the incoördination of which is comparable to his writing.

The relation of these facts to the episode of the refused check was discussed with

him at length. When he had clearly realized the psychological mechanism of his condition, he was directed to cease entirely writing with purpose, and to begin exercise with free-arm movements with chalk on a blackboard, paying no attention to the forms he drew, but concentrating himself upon the attainment of freedom in action. When this was insured, he might pass to a slate, and later to pencil and paper, and gradually reduce the size of the writing. Later he sent me a specimen of his writing and informed me that he had almost entirely recovered after one month of the exercises prescribed.

A single woman, aged twenty-nine years, was referred to me by an orthopedic surgeon, after the failure of orthopedics and massage to improve an incapacity to write, apparently due to a painful stiffness and cramp of the shoulder and wrist of two years' duration. Several months in the country had also failed to remedy the cramp, although she had gained ten pounds in weight and had become much stronger. When in the act of writing, the wrist stif-

fened, the forefinger and thumb tightened upon the pen, the hand trembled, and she complained of severe pain in the wrist and between the first and second metacarpal bones.

Psychologically this patient was over-conscientious and inclined to melancholy. She was employed as bookkeeper in a railroad office, and upon returning to work after the operation she had great difficulty in finishing the day. She felt that this position must be kept, as she could no longer, by singing, earn the money she needed to support herself, as she had formerly done. Against the increasing difficulty of writing her daily quota, she struggled hard; but anxiety only added to the physical burden, and she finally succumbed after trying various methods of holding her pen in the effort to write. This process occupied about six months, and ended in a tremor so violent that she had to be fed. She attributed her incapacity to a broken muscle in the shoulder, and hoped that a month's rest would enable her to return to work. This belief was largely

the fruit of medical opinion, showing the need for psychopathological skill in a variety of conditions common in medical practice.

After a month's treatment she greatly improved, but was very pessimistic. After the first eight weeks I did not see her so often, and she unfortunately relapsed on account of frequent discussions of her state by well-meaning friends; so that toward the end of July she was firmly impressed with the idea that there was a deformity in the hand and shoulder. This was disproved with some difficulty, as her attitude was distinctly negativistic. But after this she fell back upon the notion that she needed something to make her food assimilate. A rediscussion of her digestive difficulties showed her that they were caused by her emotions.

In spite of all reasoning to the contrary she declared that she could feel her hand contract sometimes, even when not writing. I decided therefore that she had not a real grasp of the principles I had been trying to inculcate. Accordingly, I

recapitulated them systematically, with great care, and wrote out a summary for her to take home and study. After her next visit, I kept this, and asked her to write to me an account of the mechanism of her condition as she understood it. From this account it could be seen that she had not even yet transcended the physical explanation, as she referred her condition to disease of the brain cells, failing entirely to appreciate that her disability was psychological; that is, a disharmony of acts arising in ideas. It was as though on a typewriter neither broken nor worn one wrote the wrong letters. It would not be possible to overcome the abnormal acts derived from diseased brain cells by any amount of studied indifference or exercise of self-will, which would serve in a psychological situation.

As it was necessary for her recovery that the patient should have a clear understanding, I again tried to place before her that which it was necessary for her to comprehend. To eradicate from her mind her erroneous ideas about herself, I told her:

First, it is an error to say that your "brain cells have become diseased." There is no disease of your cells; there is a disorder only of the harmony of action among them in writing, etc. This originated in the extraordinary efforts to accomplish much during a time of fatigue and mental stress. It was the difficulty of doing this which caused the unusual attitude of the hand, which arose from conscious effort to perform what was beyond your staying power. The tightening of the muscles was "mental." The habit of wrong writing was thus engendered, and it is this which now persists as an automatism. That is to say, when you are not paying attention, the hand of itself is guided by the mind unconsciously into these perverted positions.

But even when attending, there is an inclination to fall into the very position you desire to avoid. This is partly due to its habitualness and partly to the natural tendency of many persons to perform the very act they most wish to avoid; a familiar example is of the cyclist who collides with the obstruction he sees in the road. By practice this tendency is soon overcome. So you see that the abnormal acts are not the result of disease of the cells, but are merely bad habits to be overcome in the

same way as those of the learning of the piano or of any act needing mechanical dexterity.

It was only after this that rapid improvement occurred, and the writing, though a little large, became normal. Perfect ease, however, was not attained, although she did a good deal of clerical work intermittently, and was ready to take a position demanding it continuously, knowing that if the right hand failed, the left hand with which she had learned to write could take its place.

As a result she was in better physical condition one year after than she had been for years, and was able to walk long distances and to do hard work in the house without fatigue; whereas formerly she was tired out by walking a few squares or by any hard work. But that the restoration of her physical health was not the cause of her partial recovery from writer's cramp is proved by a return of the latter, in spite of continued improvement of her physique. This relapse was due to circumstances which

compelled the cessation of the reëducative training. The patient, however, has remained for ten years in important clerical positions.

(See my Monograph on Cramp of Writers and Telegraphers, etc., *Jour. of Neural. u. Psych.*, 1912, for a fuller account of occupational Neuroses.)

Chapter VII

Fear of Crowds, Open Spaces, Etc.

NOW let us turn to some of the specific phobias which beset many people. First I will give a typical case, detailing its treatment and endeavoring to make clear the factors in its causation and development.

A woman of thirty-three was unable, unless accompanied, to cross a wide street or to remain in a church or theater without an intense emotional disturbance, showing itself as palpitation, facial pallor, chilliness, moisture and cyanosis of the extremities, rigidity and pain in the neck and back, nausea, the sensation of great weakness and dizziness. This had persisted for eight years.

Examination showed no physical abnormalities other than myopia, rather

prominent eyes, slight fine tremor, excessive sweating and an enlarged thyroid, instability of the pulse rate and of the blood pressure. The latter at the first examination was 160 systolic, 100 diastolic, while the next day it had reached only 140 and quickly fell to 127 systolic and 85 diastolic. Her pulse which at first had been 112 per minute, later was found to be 97, and was reported to me to be habitually less than 80.

The patient declared that while outside she was never able to relax, had lately been becoming apprehensive even in the house, and had also felt very weak in the evenings, when her heart would often flutter apprehensively. It is not because she dreads an accident that she cannot cross the street alone, but because she fears losing consciousness on account of the heavy sensation of oppression which she experiences.

She was asked to recall the first occasion upon which she had experienced these sensations. After some effort she was able to recall that in church eight years before, on a hot summer day, she had begun to

feel an overwhelming sense of illness during the sermon. The compulsion to leave the church was intense, but she was ashamed to do so as she sat near the front and did not wish to excite attention by creating a disturbance. She had not been ill at the time; indeed, she was an exceptionally strong girl; she had had no worries, and the subject of the sermon caused no painful impression upon her. No attack recurred for some weeks. At the end of that time another attack did occur, and gradually she began to experience these disquieting symptoms either at church or in the theater, and she was only able to avoid them by sitting near the door, so that she could get out immediately when she began to feel oppressed. About four years later, she began to fear crossing a wide space, and she felt the need of some one to support her.

She had always had a fear of high places, but had thought nothing of it, as every one else in her family felt the same way. She had never feared the dark, she had no social timidities, and had enjoyed school and

college life. She had always been anxious about the health of her mother, who was an invalid, but did not reproach herself for this, as she had always attended to her. As a girl, however, she had been timid about appearing conspicuous, as in recitations in class.

A series of association tests were made, but revealed no morbid effects, except when direct leading words were used, such as "pavement."

Further interrogation brought out the fact that it had been a very hot day when the first attack had occurred, in a small, ill-ventilated country church, and that she had really experienced a physical oppression which was antecedent to the moral distress at the possibilities which she imagined. It was concluded, therefore, that the hyperthyroidism evidenced by the size of the gland, the hyperhydrosis, the prominence of the eyeballs, slight tremor, tachycardia and mobility of the pulse and blood pressure was not the most important feature of the case, and might, indeed, be a condition secondary to the chronic emo-

tional strain to which she was subjected, and that it might disappear if this were alleviated. Further, it was believed that hyperthyroidism could not be responsible for the emotions of the patient, for the psychic reaction was so specifically contingent upon definite circumstances, whereas the hyperemotivity of hyperthyroidism is occasioned by numerous circumstances, and does not tend to fix itself upon only a particular event. Hence it was thought that both the agoraphobia and the claustrophobia which this patient experienced were hysterical notions arising from the powerful suggestion of the recollection of a particular experience which was efficacious, now only by intermediary of the timorous imagination of the patient.

Accordingly, reëducation was forthwith begun. The patient was at first unwilling to undertake it after my explanation, giving the excuse that she had never been willing to introspect; but she accepted the necessity of doing so when it was explained that a person was under an obligation to know himself, and that it is as futile

to oppose this need as it would be to object to understanding technic if one were learning to play the piano. It was added that her dread of what might happen in a close or open place was merely due to her own ignorance of the mechanism of the consequences of a wrong way of looking at things and the emotions brought about thereby, and that only when she obtained a true insight into her own psychological machinery would she be able to control it. The power of induced ideas and the feelings produced thereby were explained to her and illustrated by the story of the Thomas play "The Harvest Moon", in which a hard-headed lawyer was made sick by the means of a few ideas skillfully implanted. After a while she accepted my explanation, and added:

"It must have been fear, because, on leaving the church, one of the maids said, 'What frightened you?'"

She stated that she was relieved after the relation of her feelings to me because her sister had maintained that she had been wrong in showing too much sympathy

for the patient's affliction. She added, too, that she was naturally "such a self-contained person." In the course of a few days she was asked to write her account of the way in which she viewed her own psychology, and this I append:

After several years of intense suffering from supposedly physical causes, it is, to say the least, surprising to be told that I am a victim of fear, and that the fear recognized and removed, the physical symptoms will disappear. Of course, I know abstractly that fear is psychological, and that it does produce physical reactions, just as other emotions do, but I find it hard to convince myself that the fear of fainting on the street or in an audience, is in my case the source of all the unpleasant and peculiar sensations I have in such a marked degree. It still seems to me that there must be something other than this vague intangible "unknown quantity" that makes me tremble at the mere thought of walking a block or two. And yet that line of argument brings me back to the psychological phase, for I have spontaneously written that I tremble at the *thought*. I have almost resented the idea of any-

thing psychic, for it has seemed to me like an admission of weakness or lack of will power, but I believe I am gradually coming to see that mind has something to do with matter, even in my own case, and that, distant as it seems now, the physical symptoms so uppermost and persistent may yield when I fully grasp the fact that there is nothing to fear.

A few days ago I heard what seemed to me a very striking illustration of association of ideas. A man who had been in the trenches was riding on a trolley car here in Washington, when the current short-circuited and the lights in the car suddenly went out, with the noise and buzzing sound that accompanies it. Immediately the soldier fell flat on the floor of the car, but before any one could reach him, he had arisen and seemed perfectly well. He then explained that ever since hearing the explosion of bombs and bursting of shrapnel in the trenches, any unusual sound or sudden noise produced the same shock, and wherever he happened to be, he instinctively threw himself flat on his face, for protection. This is, of course, an extreme case, but it is true that to a greater or less degree impressions are being constantly induced upon the human mind and no one

can escape the influence of them. One of the most familiar instances is that of actual illness produced in a perfectly well person by the power of suggestion which is so clearly brought out in the case of the lawyer in "The Harvest Moon." I have seen a happy smiling baby draw down the corners of his mouth and finally cry real tears because some one had used a sympathetic pitying tone of voice in speaking to him.

The casual greeting "How are you?" sometimes sets up, in a sensitive person, a train of thought that brings with it a whole list of physical ills not thought of before. Much has been said lately about the *moral* effect of the presence of the American troops in the European trenches aside from the real reënforcement of man-power. Bishop Brent insisted that the mere appearance of the American flag on the battle fields of France, no matter how small a force of men accompanied it, would be sufficient to hearten the whole French Army and send it on to greater victory. Instances of *the power of an idea* might be multiplied, but it is evident that the human mind is easily swayed by impressions. It seems to me important, then, to see just what sort of big ideas are dominating our lives and giving color to our work.

About eight years ago I had an experience which marks the beginning of a definite period of my life during which I have suffered in the most peculiar and distressing way. As I try to recall it now, I have a very clear mental picture of the church where I was at service, and also a very vivid recollection of the sudden overwhelming sense of illness and oppression and a great desire to get out into a less restricted place. However, with a great effort I did stay until the end of the service. I thought little more of it, and attributed my discomfort to some slight physical disorder. But ever since that morning I can truthfully say I have never been in any public gathering when I felt at ease and thoroughly relaxed. Always I am restless and uncomfortable and fidget about, waiting anxiously for the moment when I shall be free from the strain. Even though intensely interested in the sermon, lecture or play, and regretting to miss a word of it, I am often so really ill that I have to leave quickly for fear of fainting or making a scene of some sort. I remember that several years ago a certain magazine published views of the interiors of the great opera houses of the world. Absurd as it may seem, those pictures were frightful to me. I could not

look at them without having the same sensation of space and height that I knew so positively I should feel were I actually sitting there in the flesh. This is to me pretty convincing proof that the idea of fear is the real cause of all the symptoms which have become more and more exaggerated until at times I am really ill.

The same dread or fear of space it must be that makes me feel uncomfortable and unnatural when on the street, for I seldom walk half a block without swaying and dizziness and the certain conviction that at the next step I *must* fall.

This fear in my case was evidently set up that morning in the church, and ever since I have supposed I needed medical treatment for some serious trouble, but now with the assurance that there is absolutely nothing wrong with my physical make-up, my problem seems to be to rid my mind of the fear that has unconsciously, but as I see it now, completely controlled my thoughts and made the days when necessity urged me out of doors, or my desire led me to some public function, occasions to be dreaded beforehand and looked back upon with horror.

It is difficult for me to understand that these signs of illness are not illness at all,

but caused by an induced impression — but I have high hopes that this view of the case is the final and correct one.

In the meantime she had complained of pain in the sacrum, and wished to make sure there was nothing physical to cause it. She insisted that I examine her. I found no tenderness even on rotation of the hip, and only a slight scoliosis. There was no dilatation of the colon, and the appendix vermiform had been removed. The surmise that the pain was due to the postural dragging induced by the restricted manner in which she walked on account of her dread was confirmed by the fact that it disappeared when she adopted a freer manner of locomotion.

The next step in the treatment was to accompany her to a large square in the neighborhood, across which I made her go alone. Although her hands became cold and her face pale, the pulse frequency increased and her throat became dry, she declared that she had performed the feat better than she had ever done. The following day she had to do so on several occasions alone.

When she came to see me again she declared, "I can't get over it, I feel so different, but I dread the return of the trouble. The day after you led me across the square is the best I have had for years. I went to church and enjoyed the service and experienced no palpitation. For a moment a sudden fear appeared, but I stopped and reasoned concerning it and concluded that nothing could happen." I concluded with the final adjuration that all now depended upon herself, and her realization that she was well. She remains well five years later. A relapse need not be feared, as in ten years I have only encountered one in a patient treated successfully this way.

Thus violent, persistent, long-continued agoraphobia and claustrophobia were traced to a single incident upon which they were dependent. They were removed in less than a week by efforts directed towards giving the patient an understanding of their mechanism; indeed, compelling her to grasp it, and then compelling her to take an exercise which afforded a practical demonstration.

This case is a beautiful illustration of a principle connected with the name of John Locke, — a principle which he called the association of ideas, but which had already been observed by Aristotle and considerably developed by Thomas Hobbes when he says, "Not every thought to every thought succeeds indifferently, but as water on a plane table is drawn which way any one part is guided by the finger." He gives the famous example:

"What could seem more impertinent in the discourse of our present civil war than to ask what is the value of a Roman penny? Yet thought of the war introduced the thought of delivery of King Charles to his enemies; that brought the thought of the delivering up of Christ; that the thought of thirty pence. Thence easily followed that malicious question."

Hobbes, however, distinguishes between thoughts guided empirically by association and those thoughts which are guided by desire. In this latter he foreshadows the James-Lange theory that the emotions are constituted by the movements in the vis-

cera. For Hobbes it is the heart, "When emotion helps, it is pleasure or delight, which is nothing really but motion about the heart; when it hinders us it is called pain." Spinoza similarly said, "Pleasure marks the rising and pain the lowering of the vital energies."

The many examples in this book show forth how intermingled become the agencies both of association and of desire. The inclinations themselves are very frequently determined by associations with pleasurable and painful incidents, more especially in childhood.[1] On the other hand, what associations shall become significant is in turn determined by the emotional tone at the moment that the associations are formed.

For it is well established that even the theories of life held by philosophers may be merely the expression of emotions which dominate their interest. Many a conservative is so merely because he is materially comfortable under the present economic arrangements and the dread of being unsettled blinds him to the communal advantages of

[1] See my study of Precocity *Pedagogic Seminary*, 1909.

reforms. On the other hand, the utterance of fervent beliefs in economic socialism is often merely expression of a discontent almost exclusively emotional and having scarcely any foundation of intelligent thinking. Again, an anarchist who believes himself so for philosophical reasons may be what he is in truth because of the emotions of anger against oppression received in early life and which he in no way connects with his philosophical beliefs. So in politics a pusillanimous policy in a statesman may be the fruit of a cowardice engendered in childhood through the pain inflicted when he endeavored to assert himself against his fellows.

Chapter VIII

Other Common Phobias

ONE of the commonest fears is of water. Some genetic psychologists have attributed this to phylogeny, believing that for their conservation it was necessary for our remote ancestors instinctively to fear the water. This interpretation is questionable in the case of the morbid dreads which are so common and even violent in some cases, as in the wife of an ambassador, whose dread of the water was so great that she could never get into a full bath.

The source of this kind of fear is to be sought in maternal influence, a fear of drowning inculcated very early in the life of all children by solicitous mothers. The prohibition is evaded by the adventurous lad who persists surreptitiously in frequenting

the "swimming hole"; while the child who is credulous towards his elders continues to fear the water. Sometimes, however, the fear of water is due to the infant's terror at the loud spluttering as the water runs into the bath being prepared for him; or when he is immersed by an unthinking attendant who fails to note his apprehension. Sometimes the fear must originate when the child, unable to balance, is submerged and stifled, which stifling causes the most fundamental of all fears, — that of choking. In some cases water is feared because it symbolizes some terror-producing incident. Whatever may be the cause in a particular individual, fear of water is a symptom very common in phobiacs.

Fear of stifling is even more frequently experienced. In its physiological aspect it may be illustrated by the uneasiness of the cowboy who on visiting the St. Louis Fair felt an embarrassment of respiration while in street cars, on account of their stuffiness. Arctic explorers, too, find difficulty in sleeping in houses after their return to civilization. There are two causes

for this. One is the impediment to oxygen exchange in the lungs, and the other is an irritation of the nose by substances in the atmosphere even when these are not odorous. Infants are particularly susceptible to this discomfort. On some persons fine dust has this effect; on others, tight clothing.

Now any of these factors, and there may be others, is capable of inducing a habit of repugnance to the mere suggestion of their possibility with a resultant phobia against situations which create a feeling of stifling. Hence, a compartment so small as a railway carriage may produce this feeling. The patient, feeling shut in, immediately falls into a panic, which further aggravates the distress, on account of the physical reaction which fear produces, hurried and shallow breathing, rapid and tumultuous heart action, sweating, trembling and often a feeling of fainting, etc. To escape this distress such persons avoid close places.

As regards fear of the dark — perhaps the commonest of all besetting fears —

there is an obvious source in the fact that in darkness one does not know what may be surrounding one. The danger of what may be encountered upon changing position is ever present in the mind and this danger brings a sense of distress.

"I'm shut in a dark room with the candle blown out," pathetically cried old Farmer Fleming, when he heard of his daughter Dahlia's clandestine departure to a distant land with a nameless lover. "I've heard of a sort of fear you have in that dilemma, lest you should lay your fingers on edges of sharp knives, and if I think a step — if I go thinking a step, and feel my way, I do cut myself, and I bleed, I do." (Meredith.)

However, as we have seen, fear is the fruit of imagination. And of what cannot be perceived all things may be imagined. Additional food for terrifying imagining exists in the current superstitions descending from our forest-living ancestors, to whom the dark was the home of wolves and bears and the terror they inspired. Even to this day such terrors survive in a rustic pop-

ulation. The countryman, too, finds in the woods what he had imagined in his dreams, what he had imbibed with his mother's milk in the traditions of generations which believed in a spiritual world peopled by ghosts, and of which the vividness of terror-provoking dreams brought confirmation of greater emotional conviction even than the calm assurance of the flatness of the earth, and the rising and setting of the sun.

Hence the importance of educating the mind against the influence of all superstitious sources of terror. Few things are more conducive to the breeding of besetting fears than to indulge the fancies of children with idle tales of apparitions, haunted houses, witches, etc., which always afford them such intense and exciting interest. Uncouth phantoms may come before their vision, and every little noise, though of the most familiar character, as the gnawing of a rat, the jarring of a door or window, or even the moaning of the wind, is magnified or transformed by the dismayed fancy into some alarming supernatural sound. These waking fantasies may still be con-

tinued in the manner of dreams, creating a higher degree of terror, causing them often to start abruptly from their slumbers, screaming and wild with affright. In the morning, as would be imagined after a night of such painful agitation, they awake "gloomy, languid and unrefreshed." So deep-seated do these fearful associations, engendered in the weakness of childhood, ofttimes become, that darkness and stillness will renew them long after the reason is matured, and their absurdity apparent.

Objections equally forcible may be urged against terrifying and confounding the mind, while yet undeveloped, with the awful mysteries and punishments of religion, subjects which always perplex, and often disorder even the ripest intellects.

Children will studiously conceal these fears. One of the most concrete and sympathetic of anecdotes is that of Lord Frederick Hamilton, who tells in "The Days Before Yesterday" with what fear and trembling at the mature age of six he made his way nightly down "The Passage of Many Terrors" which led from his nursery to the other part

of the house where the grown-ups lived. The little boy had to make his way down a staircase, at the base of which came the "Passage." It was interminably long and only lit by an oil lamp at its very end. Then a long corridor, plunged in total darkness, had to be crossed. This was an awful place, for under a marble slab in its dim recesses a stuffed crocodile reposed. Of course in the daytime the crocodile pretended to be dead, but every one knew that as soon as it grew dark the crocodile came to life again and padded noiselessly about on its scaly paws, seeking for its prey; and it was common knowledge that the favorite article of diet of crocodiles was a little boy with bare legs in a white suit.

A little further on there was a dark lobby, with cupboards surrounding it. By daylight these cupboards contained harmless cricket bats and stumps, croquet mallets and balls. But at dusk these harmless sporting accessories were changed into grizzly bears who could gobble up a little boy in one second. Immediately after the bears' den came the culminating terror of all, —

the haunt of the little hunchbacks. It was their habit to creep noiselessly behind their victim, then with a sudden spring throw themselves on to little boys' backs, and get their arms round their necks, and remorselessly throttle the life out of them. The hunchbacks baffled, there only remained a dark archway to pass, which led to the "Robbers' Passage", the haunt of a peculiarly bloodthirsty gang of malefactors. But the dread of being in the neighborhood of these desperadoes was considerably modified by the increasing light of the solitary oil lamp. Under the comforting beams of this lamp the little boy would pause until his heart began to beat less wildly, and he would walk into the great hall as demurely as though he had merely traversed an ordinary everyday passage in broad daylight.

Dreads, moreover, may prey on the health and crush the moral energies. Hence, bodily infirmities, excited and maintained by fear, may often be imputed to a physical origin.

Most instructive is the case of a girl of sixteen years, who would frequently wake

in the night very much afraid unless she was soothed by some one sleeping with her. She had been much spoiled, owing to a supposedly weak heart, and had always been considered delicate. Inquiry showed that a servant had told terrifying stories to her as a child. The horrors of this had run through a family of three children, but had passed away from all but the patient. Her fears were either of fires or burglars, and they only occurred when in bed or asleep. Upon waking in a fright, she would be reassured by the touch of a companion. She could not remember the first occasion of fear. The creaking of the floor would make her think there was some one in the house, although she knew that positively this could not be the case.

Cross-examination showed that in the case of her fear of a burglar, the fear was rather of the unknown than of anything specific. She had been accustomed to go to sleep, mother or nurse in the next room. If she woke up in the middle of the night, terrified, as she usually did, she would get into her mother's bed in the next room. It was only during

the last few months that her mother had been sleeping with her in the same room during the entire night. She was always more afraid in their city home than in the country, as she thought that the danger from burglars was greater. Even in the country, however, although she would get to sleep more quickly, she must always have some one with her.

Her dread was mingled with self-contempt at her "silly babyishness." Three dreams were obtained. The first and second were of a burglar entering a window. Questioning concerning these showed only that the intruder aimed to shoot her sister, who was standing up behind her; a dream of fears of elevators led to no pertinent associations.

As the dream study was so unfruitful, I believed it best to proceed at once to reconditioning the psychological reactions. This was attempted, in the first place, by studying the child's power of understanding of what I gave her to read about the psychology of fear, and by making clear to her what she could not comprehend. In the second place, she was given exercises in men-

tal concentration, and as she became more proficient in these, she was urged to apply them to the study of her own feelings of nocturnal apprehensions. The principle she was made to grasp was that fear and shame of her fears prevented her from facing and examining them, which was the essential preliminary to the understanding which would make them disappear. In ten days she returned home, not yet able to sleep alone, but beginning to obtain mastery. A month later, her mother wrote me that she was entirely well and when she awakened in the night would quietly turn over and go to sleep without troubling any one, and was physically and in mental health better than at any time in her life as she continues ten years later.

Nowhere is there afforded a better illustration of the supreme importance of the way of looking at things than in the dread of disease. On the one hand, as in France, one may find the greatest indifference or contempt for such diseases as the respiratory contagions, so that we may any day meet individuals coughing and spitting in

public places, entirely disregardful of the real danger of contagion of diseases such as pneumonia, which is often fatal, or infectious catarrh, which may become chronic and prepare the way for tuberculosis. On the other hand, there may arise a dread of those diseases so insistent that the victim will be panic-stricken upon touching an object where there is a possibility of contamination. Phobia against microbes is one of the most annoying, not only to the phobiac, but to those who have the misfortune to be in the entourage.

Two Vermont ladies were so obsessed with a fear of dirt that they made themselves and every one about them miserable. They looked over berries for the table through a magnifying glass; if the doctor put his thermometer into a glass of water, or if any one used a tumbler for a toothbrush, the glass was immediately broken; if a guest in the house washed the dishes, nothing was said, but everything was rewashed before using; every Saturday night all the cobwebs were removed from the outside of the house.

Fear of tuberculosis has become a community phobia in many places, so that it is difficult to find suitable sites for sanitariums for the tubercular, and special schools for tubercular children, in the large cities. Not only that, but many of the resorts which have become famous because of the tubercular persons who have recovered there are now becoming animated by a civic spirit intent upon closing them to infected individuals, so that it is difficult to find accommodation.

The dread of venereal disease is a very strong one in many men, and there are individuals who are driven into a frenzy by the least mark upon the skin, or ache in the limbs, in the belief that they may have contracted syphilis. These phobiacs are not difficult to deal with by a neurologist who understands the proper method to employ.

The eugenic movement has caused many individuals to be beset by fears that they might transmit to their offspring undesirable qualities. I have been consulted by a number of people about the desirability

of their marrying in face of the undesirable qualities which they supposed they had. In one instance the ground of fear was that out of many relatives one aunt had ended her days in a sanitarium because of senile dementia. The patient was satisfied to marry when assured that senile dementia was an accident of physical life which might happen to any one in whom the arteries of the brain became sclerosed, and was not hereditary; that one swallow does not make a summer, and that by the known laws of descent (Mendel) little apprehension need be felt unless a large proportion of the family showed psychopathic traits.

Fear of insanity is one of the commonest reactions of an individual when the mental clearness is interfered with in bodily conditions created by infectious disease similar in chemical pathology to those in the delirium of typhoid fever. But there are many states of exhaustion when feelings of strangeness are conspicuous and in which the inference that the mind is being lost seems legitimate. Queer cravings and

longings also give the impression that the mind is being lost because of their very *bizarrerie*. This is frequently the case during gestation. The feeling of strangeness is bad enough in itself, but when to this is added the inference that the mind is being lost, the patient is apt to fall into a severe panic which may lead to rash behavior. My experience is that one can as a rule readily and rapidly disabuse a patient's mind of the idea that insanity is imminent. When that is done, the feeling of strangeness becomes less intolerable, and a happy issue may be expected.

At this point it may well be added that irrational dread of disease is the logical fruit of the timorous attitude as regards disease and injury often adopted by those in charge of young children. Mothers and nurses not infrequently exercise less prudence in preventing disease than they show alarm at the possibility of disease, and this alarm is conveyed to their children.

Moreover, excessive fear of disease is much fomented by an extremely preva-

lent form of negligence which permits the constant introduction into conversation of recitals of the sicknesses of oneself or one's friends. Women are particular sinners in this respect. The reason, of course, is the important and sometimes dramatic interruption to one's mode of life and thought by sickness. This looms too largely in the individual who has not been trained to extend his personal interest beyond his immediate surroundings.

Few persons realize that intelligently directed effort is necessary to prevent the mind from drifting into preoccupation with immediate trifles. Many observers have deplored the decay of the art of conversation. A little attention to this highly beneficial art would obviate much of the hypocondria-genetic talk which one has to listen to even at the dinner table. Some have sought to counteract the pernicious and distasteful practice of speaking of ill health by the naïve pretense that there is no such thing and that to have good health one need only assert it.

A far more logical remedy is the mere

realization of the importance of avoiding what is popularly known as calamity howling, even if one is not capable of cultivating a detachment of interest from one's private affairs for purposes of social intercourse. Of course, the realization must be followed by practice in the formation of a new habit, and this is necessarily difficult until it becomes interesting for its own sake. The tendency to carp and belittle has also received an illogical antidote in what are known as the "Boosting" clubs, the "Anti-knocker" associations which prevail so widely in the Western States. Very often these, too, are deplorable in that they discourage proper study of their undertaking, so that failures occur which might have been readily prevented had the organizers been willing to listen to criticism. The general public do not often distinguish between the genuine helpfulness of a grumbler and his grumbling, and are only too ready to stigmatize as a "grouch" any objector to their wishes.

But now, returning to the subject of phobias and their causes, let us take up the

part played by physical conditions in the development of fear states, a part to which reference has thus far been made only incidentally.

Chapter IX

Physical Conditions and Fear

EVERY one is aware of the disintegrating effect of a poison like alcohol upon self-control; how there is a freeing of the impulses because of a weakening of the restraining memories. It is a disintegrating of the personality in which the more primitive reactions are uncontrolled. The same state is seen in the delirium of fevers where the poisoning of the brain dilapidates ordered thinking.

When cerebration is greatly interfered with, as by the acute poisoning which occurs in alcoholism or severe, acute fevers, the patient is unable to coördinate surrounding impressions with the content of his mind, and the surrounding impressions are falsified into illusions, such as the familiar rats in the air, or insects on the clothing

as seen in severe delirium. The startling character of these hallucinations receives no correction by sense or reflection in the absence of the coördinating memories which lead to inhibition. Hence the victim immediately acts upon the impulse aroused by his illusion, or even sometimes from impulses arising within himself, false ideas, delusions. He is rapt by his insane thoughts, and if these are terrifying may act upon them by fleeing from the horrors he imagines. So engrossed is he in his terrors that he becomes oblivious to his surroundings, and to escape from his imaginary pursuers may leap from a window, dashing himself to destruction, or from a moving train, or overboard from a ship. This form of terror is of the unreasoning, impulsive, almost instinctive kind.

But not all disordered body chemistry is caused by poison or infectious organisms. Disorders of digestion and especially of assimilation may vitiate the body juices to such a degree as to disturb both mentation and the feelings; and while simple depression or irritability are more usual outcomes, yet

in some instances anxiety may occur, and even an impulsive terror, such as is so frequent in the acute alcoholic.

In patients subject to prolonged anxiety, there is often complaint of peculiar feelings, more particularly in the head, and although these are often spoken of as pains and aches, careful questioning causes the patient to describe them quite differently, *i.e.* as feelings of emptiness, of fullness, and bursting, lifting, burning, of coolness, of trickling, and indeed of sensations so peculiar as to be indescribable. A sentiment of difference of reaction is frequent, such as one so often finds during or after influenza. So good an observer as John Hunter, after a period of anxiety, related in himself a feeling which consisted of a sensation as though he were "suspended in the air", of his body being much diminished in size, and of every motion of the head and limbs, however slight, being both very extensive and accomplished with great rapidity.

Again, the foundation of a timorous disposition may be laid in physical states. The mechanism is illustrated by the case of

a usually courageous man overcome by fatigue. When exhausted the tissues respond inadequately to situations requiring powerful and rapid reaction. The consciousness of this produces an unwillingness to face such situations; hence diffidence is the result. This creates a tendency towards timidity as regards similar situations if they soon recur; furthermore, if fatigue is oft repeated, the individual becomes distrustful of himself. This is the way in which timorousness develops sometimes in ill-nourished children, underfed women, and overdriven men.

This feeling of inadequacy, which gives rise to timorousness, may be temporarily removed by drugs. The satisfaction given by these is so great that the temptation arises to use them frequently; as Burns has it in "Tam o' Shanter" when intoxicated:

> Kings may be blessed, but Tam was glorious
> O'er all the ills o' life victorious.

In many persons, coffee is resorted to for the same purpose. This acts by directly

stimulating the speed of action of nerve and muscle, but often is accompanied by a diminution of accuracy and especially by a tendency to interference of one idea with another and sometimes by exaltation of spirits. When the coffee is taken in great excess, the physical fear mechanism may be so stimulated as to produce a kind of panic, the patient being afraid of his own disorderly exuberance.

In the case of alcohol, the initial cessation of discomfort and exaltation of spirits which chases away timidity is only temporary, for if persevered in, alcohol numbs the brain to a degree where the perceptions become confused, so that illusions and even hallucinations may be felt. These tend to be of an uncomfortable and terrifying nature, so that the man who drinks to escape timidity may fall into the greater affliction of panic. As the perceptions are unusual, in their confusion, they are often interpreted as supernatural, for there is no confirmation by touch of what appears to be seen or heard. Hence, the incomprehensibility of occurrences which are inferred to be super-

natural is in itself a source of terror, and many an intoxicated man has jumped to destruction, believing himself chased by the devil.

Furthermore the chemistry of the brain is markedly modified by the secretions of the endocrine glands which filter into the blood stream from such glands as the thyroid, adrenal, pituitary, parathyroid, and gonads. Fearfulness is particularly frequent in persons in whom the thyroid gland secretes excessively. A hesitant tendency is to be expected when the adrenal output is inadequate. Pusillanimity with deceitfulness may occur in individuals where the pituitary gland is deficient. The gonads have always been believed to strongly influence temperament, and courage has been attributed to the male and timidity to the female from time immemorial, on evidence which would seem quite inadequate when one calls to mind the courage of the lioness and other female felidæ and the bravery with which the female of nearly every species defend their young. Those who attribute cowardice to the female

may have mistaken aggressiveness for courage and passivity for timidity.

In excessive activity of the thyroid gland (Graves' Disease) the patient's aspect is terrifying on account of the protrusion of the eyeballs similar to that seen in acute fright. But even though the heart is racing tumultuously, no fear may be felt. However, thyroid overactivity does dispose to fearfulness. But that is only because it quickens and facilitates all emotional reactions. Hence, fear is insistent in these cases only when fear-bringing circumstances or memories are already dominant. Irascibility and depression are also frequent concomitants of overactivity of the thyroid gland.

Any detailed study of the internal secretions in relation to dread would take us too far for the purpose of this volume. However, the secondary psychological reactions, when the internal secretions are insufficient, must be studied, as they are of great practical importance and seldom adequately envisaged. They are typified by the condition of a man in whom the function of the

adrenal gland has become inadequate, or in whom there is a chronic poisoning by a nest of undetected microbes, or in whom there is a gradual deterioration of the powers from whatever cause. If the individual in question has serious responsibilities, he begins to feel himself incapable of coping with them, and if the lot of others is dependent upon his capacity, he begins to fear for them, or perhaps for the imagined catastrophe which will be detrimental to the welfare of those for whom he is responsible. Because he feels inefficient he begins to worry about the upshot.

He may, ostrich-like, avoid medical consultation in fear of facing the situation, and worry and fret himself into an ineffective state much more aggravated than is warranted by the degree of inability from which he suffers. Just as ostrich-like, by the way, is the ignoring of the actual state by means of taking refuge in the belief that the state is non-existent, or, at least, that it can be rectified by mere willing, or by faith in the supernatural, whether this is expressed by an appeal through faith of the orthodox kind,

or whether the faith expresses itself as a denial of physical phenomena.

Such cases reach the consulting room of every neurologist. This is a form of dread due to error through reason. It is reflective, not impulsive; it is purely psychological in mechanism, although to the superficial it may seem to be physical in origin, more especially when the improvement of the patient leads to a disappearance of his fears. But that is really because of trial, for he then finds that he is no longer inadequate, that he is able to make his own conclusions, and hence there is no danger to apprehend. That the improvement of the physical state is not the real cause of the disappearance of the fears is proved by the fact that the fears may be made to disappear psychologically even when the physical state persists. It disappears in consequence of the patient learning what he has to expect for the future, — the worst that may occur. What he has really dreaded is the mysterious, the unknown, the *possibility* of disaster, and when this anticipation is removed by enlightenment his

dread ceases, even though his capacity remains diminished.

Pain or prolonged irritation may be the cause of anxiety or fear, because of the feeling of inadequacy it brings. Thus a married man in the Government Forest Service had for five years done much office work, entailing the responsible control of other men. He was brought to me because he had suddenly begun to vacillate concerning administrative decisions. He denied that he was disturbed by the fact that his wife and children remained in the West while he was in Washington. But the fact remained that he contemplated going to them on a long vacation, as his work was more than he could stand. For a few days he had developed a severe neuralgia, paroxysmal in nature, but not due to faulty teeth, according to a dentist. Examination was negative and I attributed his condition to the metabolic disturbance caused by prolonged stress, worry and unhabitual sedentariness. I advised a trial of low nitrogen diet, active exercise and freedom from work for a few days.

However, this pain became so acute that the patient insisted upon the extraction of this most painful tooth. Forthwith all his unpleasant symptoms disappeared. The patient declared that he felt as if a huge incubus had suddenly been removed. He immediately returned to work without further trouble.

It was a clear case of peripheral irritation preventing the harmonious integration of the nervous system needed for psychological adaptation.

Damage to the brain by injury or disease may increase fearfulness. After being stunned for a long period some men fail to regain courage, though in most instances the reason for this is psychological. After inflammation of the brain (*Encephalitis epidemica*) ten per cent of patients develop unreasoning fears. Panic may be the first sign of the profound brain changes of general paralysis of the insane.

To use psychotherapy to the exclusion of physical measures is an inanity. Psychic measures are sufficiently valuable and extensively required without bringing them

into disrepute by their application to situations to which they are not suitable. In treating the mentally sick, it is therefore supremely important that the practitioner be thoroughly trained in the principles of medicine and methods of diagnosis. This cannot be done by the reading of books; it requires long preparation in actual work, — first in the study of the sciences — biology, chemistry and physics — fundamental to the understanding of physiology without which no adequate conception of the operations of living beings can be gained. To follow this an intensive and extensive comprehension of bodies which are disordered must be acquired by study of actual cases on sound principles. Finally, the method of finding the way through the labyrinth presented by each individual case problem must be mastered.

Though he may not know it, an amateur without this preparation is just as inept in his efforts to combat disease as would be a townsman ignorant of the craft who attempted to track down and destroy elusive vermin in the woods. The countryman laughs at the poor attempt of the visitor

who is not wise enough to engage a guide for hunting; and the following of a trail is an art much simpler than the tracing out and understanding of a disease process in a stricken mind and body.

However, to the opinion that an emotion like fear is directly the result of the vascular changes in the bodily organs caused by the circulation in the brain of chemical substances elaborated by them, there are objections which appear irrefragable.

First, it requires about seventeen seconds for the noticeable augmentation of adrenal secretion by emotion; whereas the consciousness of the emotion and its reflex consequences are almost instantaneous.

Second, it seems unlikely that emotions so different as fear, joy, anger, and sexual excitement could express themselves in the viscera by reactions scarcely distinguishable; for in all the heart is quickened, the blood vessels contracted, the stomach and intestines are arrested and the hair stands on end, as Darwin noticed, while one man becomes pale with rage, another blushes, and the same results from shame.

Besides, when all the great viscera and most of the muscles have been disconnected from the brain by severing the spinal cord, as well as the pneumogastric nerve, the same facial and vocal manifestations of emotion occur as before, and persist as long; and this is as true in puppies without experience as in older dogs of stereotyped habits. In addition to these objections is the fact that the expression of anger in a cat which occurs even when a portion of the brain has been removed is of very short duration, in spite of the full activity of the lower viscera.

All these facts strongly plead in favor of the common-sense view that the term "emotion" applies to the sensation seated in the central nervous system. It is not the critical kind of sensation which informs us of the dimensions, movements, or consistency of the objects around us, but it is the sensation we call affective, which has to do with pleasure and pain accompanying the other stimuli we feel.

Here it perhaps should be mentioned that most of the conditions we have been

discussing in this book are very different from that seen in the pure fear state, — pantophobia. In persons thus suffering there is a profound disturbance of the physical organism. This is usually toxic, or, at least, chemical in kind. It is merely a state of painful affectivity due either to an erythism of the central apparatus, or caused by an excitation of the peripheral receptors.

As mentioned in an earlier chapter, it is reported that ten per cent of convalescents from epidemic encephalitis complain of vague fears. So it was in many of the true "commotiones", whose brains had been damaged by concussion in the late war. Their difficulties had to be distinguished from the dreads arising from misdirected imagination.

French psychiatrists have long supposed that these troubles of affectivity are in the main situated in the great viscera. They have termed disorders of this kind cenesthesopathies, by which they mean a disease of the (internal) body sensibility, as distinct from the external sensibility com-

prised in what have been known as the various senses. "Protopathic sensibility" is the name given to a similar concept by other clinicians such as Henry Head. Still more recently we have learned to connect the excitation of these receptors (which are subserved, of course, by the autonomic nervous system, including the sympathetic), with modifications of the internal secretions. In turn we trace endocrine disturbances to excitations and inhibitions of the vegetative nervous apparatus. Nowadays, the inductions of what has been named visceral neurology are influencing a good deal clinical investigation powerfully tending in the direction of chemistry through the theory of the hormone.

Cenesthesopathic disturbances, not only produce local discomfort, but strongly influence the personality and consciousness of the sufferer. The sensations are often peculiar in that, although within, they cannot be reconciled with the usual feelings and the accustomed concept of the patient's selfhood. The realization of this incompatibility sometimes engenders fear

on account of the inference that something is going seriously wrong. This is especially so when the degree of strangeness is such as to bring the idea to the victim that he is losing his mind. This is not an uncommon phobia.

A perception which very frequently breeds fear is that which occurs when a person is half awake; and more especially when there is bodily illness the effects of which are manifested in the brain cells, such as in delirium or after fatigue or excitement. I refer to the perception of one's self not necessarily in a corporeal sense but as if one were the spectator of one's own acts, autoscopy. In many instances the feeling of another personality is so strong that its first appearance is alarming, and even panic may show itself.

It is not only in illness this occurs, but it is a not infrequent phenomenon in children when they first begin to realize their identity. In people who have heard of insanity the occurrence is often regarded as significant of mental disorders, the dread of which makes them still more uncomfortable.

I have not related a specific case where fear of insanity was the dominant phobia. Not only is it present in many, but it is a fear that should rarely be treated directly. In this respect, it resembles a so-called psychalgia or hysterical pain. The best way to get rid of this is to ignore it and deal with the mechanism of which it is an indication. Fear of insanity, too, is very easily disposed of when the more fundamental factors of which it is an expression are properly dealt with.

Cenesthesopathic sensations of physical origin are themselves an entirely different problem. Medical means must be sought. The surgical measures which have sometimes tempted the enterprising, as when a patient believes there is a parasite gnawing at the vitals, are to be avoided; for in the true cases the sensation persists in spite of the operation. In the few instances where the operation has removed a visceral paræsthesia, it is a hysteria that is being dealt with and not a cenesthesopathia at all. Even here psychotherapy would have been infinitely preferable.

Chapter X

Heredity and Fear

AN explanation sometimes invoked for the absence of equanimity before danger is individual quality, dependent upon heredity; and the rabbit and deer have been instanced as examples.

So, too, it has been almost axiomatic that the unwillingness of chickens to enter the water is an instinctive fear. But even in this so simple tropism the general impressions appear to be ill founded. Information obtained from Miss Albertis, of the Washington Normal School, illustrates this in an iconoclastic fashion. For example: A friend of hers threw an old hen and eight chicks into deep water. The old hen barely touched the water before she was out, but the little chicks floated until rescued, making no attempt to swim or any outcry.

A normal school student, whose father raises chicks in an incubator, put some a month old and some a week old into a tub of water. So long as the little bodies were not wet they floated without struggle, but just the instant the water soaked through their feathers, they protested vigorously by loud peeps but made no attempt to swim. Incubator chicks will step into a pan of water meant for drinking, crowding into it until they are taken out, but the water is not deep enough to touch their bodies.

These facts show that the fear of the hen for the water is due to experience of the helpless feeling brought by saturated feathers, and that the dread is not instinctive but induced even in this.

"Babies, when they learn to crawl and to walk, are eager to investigate and have no sense of danger. At the approach of danger of any kind the baby is snatched up with a cry of fear. This sound sinks into the infant mind and when in future it is heard, there is an instant response, as in the case of a warning note or cry uttered by a parent bird which causes the young

to fly away or crouch down and hide." (Wm. A. Hudson.)

The attribution to predisposition of what has been called an unstable nervous constitution has been very loosely made. It has been too easy to say of a maladjusted individual that he is a degenerate, without examining into the causes which have actually provoked the disadaptation from health. While the nature of descent as formulated in the law of Mendel is irrefragably demonstrated, yet it is a misstatement of the problem to apply this law to such composite qualities as are dealt with by psychiatrists.

This is especially true of human beings, in whom the formation of tendencies is so largely determined by the needs of the environment. Has not this been well summarized in the pragmatical remark of a famous ecclesiastical order when it declared, "Give me a boy until he is seven and I care not who has him after"? But for human modifiability, education would have no meaning.

That this modifiability applies to in-

stances which appear highly pathological, and that there can be no inevitability in the inheritance of a neurotic constitution is clearly shown by a striking instance from my own practice.

This beautiful instance mistakenly attributed to heredity of a besetting fear is that of a man who until the age of ten had shown the usual courage of boys in fighting until he was seen by his delicate mother after a particularly bloody contest. She fainted at the sight of him, and the boy was severely scolded, and was in disgrace with the family. So great was the impression, that he dreaded to fight again, and thus was stigmatized as a coward by the other boys, and indeed believed himself one.

His condition was similar to that which Conrad so graphically portrays in "Lord Jim":

"One is always afraid. One may talk, but . . . The fear, the fear — look you, it is always there. . . . Yes! yes! One talks, one talks; this is all very fine; but at the end of the reckoning one is no cleverer than the next man — and no more brave. Brave!

. . . I have known brave men — famous ones! Allez! . . . Brave — you conceive — in the Service — one has got to be — the trade demands it. . . . Each of them — I say each of them, if he were an honest man would confess that there is a point — for the best of us — there is somewhere a point when you let go everything. And you have got to live with that truth — do you see? Given a certain combination of circumstances, fear is sure to come. And even for those who do not believe this truth there is fear all the same — the fear of themselves. . . . At my age one knows what one is talking about."

It was mainly in the presence of other people that his fears came over him; and he was much ashamed all the time because of his fear. Its cause was unknown to him. Looked upon as a milksop, he began to question his manliness, and for ten years was obsessed with doubts of his own good sense, more especially after overhearing a remark made about a known imbecile: — "He does not know that he is a fool." It was only after he recognized his competence in professional life that this obsession ceased.

However, he again became obsessed in another form at the age of forty-five after four years of intense and prolonged application consequent upon the World War. It took the form of belief in constitutional defectiveness, a belief due to the unevenness of his attainments in school, his want of taste for sports, and a form of bashfulness which, however, had been recovered from twenty years ago while in the Army for three years at the time of the Spanish War.

His obsession ceased when he was persuaded that the bashfulness had been the product of his mother's pusillanimity; that the unevenness in study was due to lack of interest in certain subjects; and that the lack of taste for sports had ensued because of ridicule after he abstained from fighting.

This belief in one's own inadequacy is a very common source of inefficiency. In another case a young man had fought this handicap, forcing himself to perform courageous acts in spite of an almost constant dread, the source of which he did not understand. Finally, the tremendous emo-

tional strain itself proved too great and he retired from participation in active affairs in an intense state of agitation.

A study of this case showed that the motivation of his behavior had its root in an implicit belief that he was an inferior. He based this upon what he believed to be faulty heredity.

Psychic exploration showed that the real genesis of his belief was the inculcation of constant fear by those who surrounded him in childhood. That his fear was not a stigma of constitutional inferiority is proved by its speedy removal by means of the kind of psychotherapy presented in this book. Cases very similar could be multiplied, and a great many have already been published by Sidis.

The lesson for us is that in the vast majority, if not in all cases, proper study shows the genesis of the feeling of inferiority to be not heredity but induction by circumstance, maintained by improper insight, either from prejudice against self-examination, dishonesty of thought, or mistaken pride. Self-examination is re-

quired to change this attitude. But self-examination unaided often leads merely to a cycle of unfruitful ruminations; because illumination from without is usually required in order to bring into relief motives hidden by pride, dishonesty or prejudice, or distorted by erroneous information, as in the cases where a belief in innate insufficiency has been implanted by the school, family or companions. The reiterated suggestion of a brother that he was incapable of mastering Latin led to the discouraging of a scientific career in a lad with a strong bent in that direction and the adoption of an artistic career for which he was ill-fitted.

Most dramatically has Augustus Thomas in the "Harvest Moon" portrayed the error of attributing to heredity, traits which the family themselves induce in a child unfortunate enough to be thus dealt with. The poor girl in the play was made to believe that she was in danger of developing the qualities of an erring mother, and the officious aunt who was responsible for this induction caused much suffering, and would have spoilt the child's life but for the visit

of a family friend acquainted with psychology who demonstrated to the skeptical the inevitability of psychological induction or suggestion.

In another case a woman developed a habit of clutching her cheek with one hand and holding it pinched in her fingers whenever any one addressed her in conversation. This woman had from childhood suffered from a sense of inferiority, her older sister being of a much more aggressive type, very witty, greatly at ease in company and consequently more popular. The younger sister fancied that when they were together, comparisons were being made and that she could not measure up to her sister's greater attractions. She grew more and more self-conscious, until she was scarcely able to take part in any social activities whatever, especially if her sister were present. Her habit of holding her cheek came from an impulse to cover up her face or to check the rising color.

This case, while curable even at a mature age, could have been prevented by proper education and attention at the right time.

The child should have been instructed that personal attraction is not necessarily a matter of comparison with other members of the family, that variety of personality within a household is desirable rather than otherwise. But it was generally accepted that Jane was "different" and "simply made that way", and must therefore be humored in her queerness; whereas a judicious direction by her elders toward the development of independence of thought and action would have transformed her life.

In another case a boy was kept constantly by his mother's side, indeed scarcely allowed out of her sight, so that he was inevitably dubbed "Sissy" by his playmates. With this tag fastened upon him in childhood he was unable to escape it later, however much he tried to counteract it by his behavior. As he grew to manhood he came to believe that its sinister influence would crop up wherever he went, so after several unfortunate attempts to make friends in a new community he gave up trying any further, withdrew within

himself and settled to a lonely and morbid existence.

An unusually pitiful case is that of a woman of sixty, recently admitted to one of our state hospitals for the insane. She was the only child of a father who held his wife and daughter virtually prisoners in their home for many years, allowing them to meet only a very few intellectual friends of his choice. The mother, not having spirit enough to rebel, became neurotic under this treatment, one of her pet whims being a fear of contagious diseases. This fear transmitted to her daughter, developed into an extreme case of what is known as a cleanliness obsession. Had modern psychotherapeutic aid been available at an early age, the ruinous effects of her childhood education would have been counteracted.

There are instances when even the moral training of a child necessary to inculcate principles of truth and honor may be overdone, as in the case of a little girl, who when discovered in a prevarication, was told the story of Ananias and Sapphira and that

they were struck dead for telling a lie. This so preyed upon the imagination of the child that her suffering became intense, not only because of her past sins of like nature; for thereafter she became so overscrupulous that she was unable to make the slightest mis-statement or exaggeration without bringing the matter up later for correction, even though the occasion was so trivial it made her seem quite ridiculous.

A contrast in treatment is shown in the case of two little girls living in the same neighborhood, both inclined to be diffident because they were much overgrown and of a gangling and awkward build. One child was continually reminded by the members of her family that she was too big to engage in certain games and occupations in which her smaller playmates participated. Her awkwardness was considered a family joke which the child was expected to tolerate good-naturedly.

She grew up believing that she was destined always to be a laughing stock as far as gait and posture were concerned, and therefore never undertook to swim, ride,

play tennis, skate or dance, or disport herself in any way among others. Not only did she miss a great deal of pleasure, but her physical development was hindered and the self-consciousness thus fostered had a marked effect upon her character.

The other child was given contrary suggestions of superior physique. The word "awkward" was never mentioned. She was given lessons in aesthetic dancing in which she became expert, and although nearly six feet tall, at the age of sixteen she was noted for her physical poise and grace.

Hence we must conclude that these dreads were induced by circumstances. Induction is by far the commonest mechanism of all kinds of morbid emotionalism. But indeed throughout this book are disseminated instances of psychological induction of dreads and besetting fears.

Lombroso has been responsible for much misconception concerning the heredity of behavior and his "Criminal Type" became part of popular misinformation for many years. Thus this doctrine was developed very

strongly in France by Moreau and later by Magnan, and popularized by Max Nordau. So greatly was psychiatric practice influenced, that it became the custom to attribute to degeneracy nearly every mental deviation. This led to an attitude of therapeutic nihilism towards these patients which prevailed until the days of Dejerine, who showed how amenable to simple treatment were most patients of the kind who were obsessed by the imagination of disease.

Even concerning the offspring of habitual criminals the fatalistic attitude is conclusively shown to be incorrect. Judge Lindsey, of Denver, bringing sympathetic influences to bear upon delinquent boys, has reformed them by scores into useful citizens. The homes of Barnardo in London have rescued thousands of boys of poor heredity, often of criminal environment, and trained them into useful and law abiding Colonials.

In an intensive study of 1000 cases of criminality, alleged to be congenital, by Edith Spaulding and William Healy they say:

"In no one case of the thousand have we been able to discover evidence of anti-social tendencies in succeeding generations without also finding underlying trouble of a physical or mental nature or such striking environmental faults or maladjustments as often develop delinquency in the absence of defective inheritance. If a normal individual were brought up in dives of vice from infancy, with no moral enlightenment, he too, would be a poor type of citizen. The problem is not the simple one of the transmission of feeble-mindedness or a Hapsburg lip, where the law of Mendel clearly applies. But that the belief in inheritance of criminal characteristics is still a prevalent one is perhaps best shown by the fact that eight States have already adopted measures providing for sterilization of confirmed criminals.

"Family charts alone, without detailed developmental and environmental history, are no proof of the inheritance of criminality, no matter how many criminals they show. The complicated nature of its causation has to be reckoned with." Other studies

have confirmed the conclusion of these workers.

These facts do not deny the heredity of structural disposition nor of tendencies to peculiar action. For instance Goddard has shown how violence of temper is transmissible. Sometimes shiftlessness may be due to a quality of hereditary physical characters, such as insufficient development of the circulatory organs or endocrine apparatus, rather than to inadequate training. Timorousness may originate similarly.

So also a brain incapable of the complexity required for broad generalization may not permit the understanding of the kind of philosophy which may prevent fear. But that it is not itself the cause of fear is demonstrated by the countless imbeciles and morons who are comfortably free of morbid dread.

It should then be clear to the readers of this book that even when native quality is not high, there will develop no morbid fears unless these are induced by circumstances.

The opposite of this conclusion is equally true, that circumstance is capable of in-

ducing fear in all, even the most normal. This is proved by the famous experiments of Pawlow.

In investigating the factors which influence digestion, Pawlow found that the flow of gastric juice could be induced not only by such physical agents as drugs and electrical stimulation of the nerves of the stomach, but that it is induced by the mere presence of food in the mouth before swallowing. Not only that, but it was induced by the mere sight of food. Furthermore when the ringing of a bell invariably accompanied the giving of food, Pawlow observed that ultimately the mere ringing of the bell would cause gastric juice to flow. The variations were easily observed in the bag attached at the end of a tube inserted into the stomach. Hence, pleasurable expectation provides a stimulus powerful enough to produce strong physical reaction.

But Pawlow found too that gastric secretion could be arrested not only by drugs and electrical stimulation, by by psychic impressions. A whipping would immediately stop gastric flow and eventually dogs

who had been whipped ceased to secrete juice at the sight of the whip even in the full flow of digestion. This process Pawlow called conditioning. However, the sight of a whip ceased to diminish the flow of gastric juice when the dog was taught to again view it with indifference. It was, of course, not the whip itself which was the stimulus to arrest gastric juice, but the meaning attached to it through education, viz. the prospect of a whipping. It was an emotion, dread of this, which arrested gastric flow. When the whippings ceased, and the dog was taught by familiarity to regard the whip indifferently, the whip ceased to induce an arrest of gastric flow.

This process may be called reconditioning. It is the foundation of psychotherapy, all of the methods of which contain this association principle, of which there are examples in several chapters of this book.

Hence, just as Pawlow conditioned and reconditioned the responses of his dogs, so are we able to induce fear and to dispel fear in human beings. It is more difficult because human mentality is more complex

than that of the dog, but the skill needed to do this nowadays exists in the persons of many of those who have taken the pains to acquire mastery of the foundations of psychopathology and to apply these to the retraining of the emotions, in which one of the most frequent requirements is the ability to dispel fear.

I do not mean to espouse the theory that the form of one's fear is congenital, although, of course, the objects of fear depend upon the capacity of conception; and in this, abstraction becomes more refined as intelligence increases. The environment plays a part in this also. For instance, in New England self-consciousness dreads occur often, while in Western America this fear is not reported; there, on the other hand, cyclones play a large part in the fears of children, and only there are mentioned fears of starvation, of train-robbers, and of sleeping on the porch. Again, nearly forty-six per cent of girls fear thunder and lightning, while only thirty-one per cent of boys do so; and girls are far more fearful of rats and mice and blood, while boys

are more afraid of heights and are shyer. (Stanley Hall.)

These facts make it clear that the form of fear, at least, is due to one's surroundings, whatever one may believe regarding instinctive potentialities for fear.

However, the same investigator (Hall) found that what may be called the great elemental fears prevailed everywhere. Thus out of 1701 cases, fear of celestial phenomena, such as thunder and winds, was reported in 996; fear of darkness, ghosts, and solitude in 799; fear of animals in 1486; fear of the elements in 627; fear of strangers or robbers in 589; and fear of death and disease in 540.

The elemental fears cannot be regarded as "Anlages" (because night is now the safest time, serpents and wild beasts no longer actual foes, strangers' big eyes and teeth not dangerous, celestial fears unconformable to modern science), until due account is taken of the induction of fears of this kind by the traditions foisted upon impressionable childhood by the conventional superstitions, which still prevail so widely.

Thus, as recently as twenty years ago, over sixty per cent of the students in a college confessed in a questionnaire to be influenced superstitiously even though some of them no longer believed in what they acted upon. How much more, then, is it not the case regarding the child, whom it is even regarded as proper to subject to the racial traditions known as fairy tales, with all their absurdities and fearbreeding implications? Even the concepts of traditional religion are not innocuous in this respect.

Chapter XI

Fear by Induction

A BOY of eight was seen by me in the Autumn of 1911. The preceding May he had developed what his parents called hallucinations, which occurred when he was alone, for he would go on errands and play about contentedly if he knew he was in sight of any one. There were no night terrors, although the boy feared going to bed alone, and his father and mother always accompanied him upstairs. Whenever he was alone an attack would occur. As in Coleridge's "Ancient Mariner":—

> Like one that on a lonesome road
> Doth walk in fear and dread,
> And having once turn'd round, walks on,
> And turns no more his head;
> Because he knows a frightful fiend
> Doth close behind him tread.

The hallucinations were accompanied by a loud cry and a twisting backwards of the neck and contortion of the body. The boy was very rarely still, wriggling about nearly all the time in an excitable fashion. His father and maternal uncle are declared to have had similar attacks in childhood. But it could not be ascertained that the parents had not spoken of some of these before the boy. The mother was over-anxious, hysterical and very uneasy when he was out of her sight, of which the child was well aware.

Examination revealed no physical signs of disease of the nervous or any other system. By closely questioning him I ascertained that it was a snake which he usually saw, although sometimes a wild beast would be seen. His shout was really the name of the animal. He could not describe the snake except to say its head was like an eel. He remembered well the first such occasion of fright; and the creature then was not a snake but a rooster. He declared that he was never actually afraid of any live animal. Indeed, on one occasion, wearing a red sweater, he chased a bull into the

cellar. He said his only fear was that of being whipped by his father when he was naughty, and that of this he was "not very frightened."

In only one hour I could not penetrate the psychogenesis completely. My questions, however, soon showed that the hallucinations were not true ones; for when I asked the boy if, when he looked around, there was really any animal jumping on his shoulders, he had to reply, "No"; and that he never actually heard or felt what he feared. He then spontaneously declared, "I reckon my imagination gets away with me." I then asked him, "Why do you look around each time you fear the animal is behind you?" He said, "It does not give me time to think of it; it comes so quickly sometimes, and I shout and run away before I can recover myself." When asked, however, he said he was not easily startled as a rule.

Familiarity with the mechanism of terrors of children enables one to interpret this boy's case as a phobia against being alone, produced by the foolish anxiety of the mother. This affective state was an

induced one, therefore, developed from the idea of some "dreadful consequence" which might occur to a little boy when not protected by his elders. But the morbid reaction had become a habit; so that even though the initial causes were suppressed, training would be required to overcome the facile inductility of the terrors. Inhibition of his undue impulsiveness should also be undertaken.

Accordingly the following procedures were outlined and the reason for them clearly explained to the boy and his father: First, he must gradually accustom himself to go out alone, first for half a block, then for a whole block, and finally to the corner. While doing this, he could hold himself in hand, his attention fully awake to the need of manly behavior and the importance of recovering from his timidity. Second, he must learn to go to sleep without any one else in the room, remembering what a nuisance a boy is who cannot forego keeping one of his parents constantly at home in the evening. Third, he was shown exercises in slow movement and immobiliza-

tion by which he could suppress the tendencies of his limbs and body to wriggle. His mother should be dealt with rationally, too. As a result no further attacks have occurred in ten years.

Wishing to obtain more precise knowledge as to the psychic mechanism, I wrote to the boy, asking him to tell me whether he seemed to be in a dreamlike or in an absent condition when the fears assailed him. I also, of course, wished to stimulate the practice of the reëducative procedures I had prescribed. The following reply was made, by his father:

My dear Sir: I beg to thank you for your letter of yesterday to John, Jr., and to report favorable progress in his case. He is now going all about the house and yard alone, and has made a couple of trips to the store where I am employed (about seven minutes' walk) alone. He is certainly very much better than he has been since these spells of fright came upon him. He is getting on well with the exercises you outlined for him, though he has not yet been able to go to sleep alone. However, he goes up to the room alone, turns on the light,

and gets into bed, and holds himself together for about ten minutes, but does not seem to be able to compose himself sufficiently to go to sleep.

I am working him up to this as fast as I can, and while I might force him to it at once I would have to use harsh measures to accomplish it. I am unable to get clearly the idea from him whether, after these attacks of fright, the animals seem like a dream or an idea. I believe, however, when he tries to analyze the feeling that he feels that it was an idea that flashed through his mind at once that these animals were near him, and he knows that it is only his imagination. I am glad to say that he is making a strong effort to get a "grip" on himself, and I believe that he will succeed. I will let you hear from him from time to time, and if at any time I can answer any questions I will be only too glad to do so as clearly as I can.

The boy wrote as follows:

Dear Doctor: I have your letter. I do not see any animals since I saw you. I never did hear or feel them, but used to see them. It is not like a dream. I hope I can soon write you I am well.

Your little friend.

It should not be difficult for those who are forewarned to prevent morbid fears of this type. I may cite the case of a Southern lady who could never enter a dark place without feeling an indescribable horror. No hereditary psychopathy could be invoked to explain her dread, for none of her three daughters had the least fear of the dark, and, indeed, they used to be sent by their schoolfellows into dark and eerie places without experiencing the least trepidation. The difference was that as children they had been protected by their mother from tales of the plantation negroes who knew that dismissal would follow transgression of the prohibition.

If I say to a small boy that a bear will eat him up, the effect upon his actions entirely differs whether I make the remark with portentous gravity and horror, or whether I say it with bubbling joviality, as evidently a huge joke. In the first case the boy will rush to my side in terror and try to be saved from the bear; and a phobia is in course of construction; with the latter proceeding, the boy will laugh consumedly

and it would not take much urging to make him enter the cage and strike the bear. Which brings us to a general consideration of the urgently important problem of extirpating and preventing morbid fears. Though, first, I would say something as to the proper place of fear in human life.

Chapter XII

The Fascination of Fear

DREAD exercises a strong fascination in some instances. All are familiar with the taste for witnessing dangerous spectacles of gymnasts, rope-walkers and so on. Not all of the attraction is due to admiration for skill; horror plays a large part in some. The reason for this is the thrill given, which makes a strong appeal to those of sheltered and monotonous lives; danger or fear stir them from boredom.

Many of the vagaries of the "dangerous age" are due to the courting of adventure, and the thrill gained from its hopes and fears, which creates a sentiment of "living" in those whose lives seem dead and dull.

The fascination of some women for men of sinister repute is in part due to their fear. This kind of situation has appealed very

much to writers of fiction and it has entered largely into the way in which hypnosis is regarded by the ignorant. This notion was used by Du Maurier in depicting the fascination of Trilby for Svengali. Also Oliver Wendell Holmes in "Elsie Venner" has attempted this in a less artificial way.

In the young, apparent recklessness may really be a courting of fear because of the excitement it brings. It is often, however, merely a form of showing off one's bravery before others to prove to oneself that one is not a coward. Those who dread danger too much even to incur it from bravado will incur it in imagination, day-dreaming of the exploits they will perform, and of their freedom from fear. An amusing instance occurred in a young lad of nine who, after being one day bullied by his companions, was found pacing up and down his home, loudly repeating, "I am the bravest man in the world, I can fight any one." This reaction has become proverbial in such expressions as whistling to keep up one's courage.

W. H. Hudson, the ornithologist, relates:

"It always increased my satisfaction when, on exhibiting my treasure, a snake, at home, the first sight of it caused a visible start or an exclamation of alarm.

"After watching, thrilled with terror, the slow movement of a long black snake until it disappeared, I turned and fled from the ground, thinking that never again would I venture into or near that frightfully dangerous spot in spite of its fascination. I never said a word about the snake, but I could not keep away from the place. One day I ventured, though in fear and trembling, to go right in among the weeds. I wanted to see the snake just once more, and I decided that immediately on its appearance I would take to my heels. On seeing the serpent again, I experienced a thrill of terror, but I was conscious of an element of delight in it. In spite of this I was in fear, and kept away three or four days, but at the slighest rustling sound of an insect I would experience a *thrill of fearful joy*. It left in me a sense of a mysterious being, dangerous on occasion as when attacked or insulted, and able in some cases to inflict death with a sudden blow.

"Certain flowers would produce such an emotion that I would gladly travel many miles to look at one of them. After I had

begun to experience this consciously I would go out of my way to meet it; but the sensation of delight would rapidly change to fear, and the fear increase until it was no longer to be borne alone."

Goethe wrote:

"We stand on the brink of a precipice. By slow degrees our sickness, and dizziness and horror become merged in a cloud of nameless feeling. By gradations, still more imperceptible, this cloud assumes shape, as did the vapor from the bottle out of which arose the genius in the Arabian Nights. But out of this our cloud upon the precipice's edge, there grows into palpability a shape, far more terrible than any genius, or any demon of a tale, and yet it is but a thought, although a fearful one, and one which chills the marrow of our bones with the fierceness of the delight of its horror. It is merely the idea of what would be our sensation during the sweeping precipitancy of a fall from such a height. And this fall — this rushing annihilation — for the very reason that it invokes that one most ghostly and loathsome of all the ghastly and loathsome images of death and suffering which has ever presented themselves to our imagination, for this very cause we do now the most vividly desire."

CHAPTER XIII

The Utilization and Management of Fear

IN beginning this book, the statement was made that fear in itself is not morbid and is indeed necessary to self-preservation.

As self-preservation is the most potent determinant of the behavior of living creatures, so a state of fear puts out of immediate court all other considerations than one's own safety and that of one's offspring; and therefore the person who is afraid is disregardful of the rights, including the safety of others. Panic-stricken men have trodden down women and children, seeking egress from a building on fire; they have deserted the helpless on vessels at sea by strength or craft, absconding with the only means of safety. These are the baser souls; for there is a powerful tradition among sea-

men which overcomes this gross self-seeking, a tradition which obliges the captain to be the last to leave the vessel, and then only when he has verified the safety of every one upon it, tradition that makes it a matter of pride in every seafaring man to see that his passengers and even his freight shall be saved if humanly possible. It is the same spirit which animated the soldiers who went down to certain death on a sinking steamship, presenting arms while their band played in order that the boats might be spared for the civilian passengers.

But the selfishness engendered by fear need not be strictly personal for it is even stronger in parents in regard to their offspring, and it may even extend beyond the family to the immediate community and even to a nation. Many national policies are founded upon fear, as has been clearly shown forth during the aftermath of the World War.

James Barrie, in his inimitably whimsical fashion, has portrayed in the "Legend of Leonora" the length to which fear for her

offspring will carry a woman dominated by the maternal instinct and devoid of a sense of relative values. In this play the mother is made to push a passenger to death from a moving train because she was afraid that his insistence on opening a carriage window might endanger the health of her child; and furthermore she secured an acquittal in court by the confidence and ability and charm with which she maintained this as an adequate excuse.

But though fear has a protective value as the root of prudence yet when it leads to paralysis of effort it cannot be tolerated by the noble man contending against circumstance. Fear is the first of the four natural limitations which must be transcended if true nobility is to be achieved, is declared in "The Research Magnificent" by H. G. Wells. The others are physical indulgence, jealousy ("that instinctive preoccupation with the interest and dignity of self") and prejudice; and "Benham", the hero, tries to subdue fear both by shame and anger.

The functions of fear are of two sorts. In the first place, it has a biotonic func-

tion, — that is to say, the arousal of the greatest potency of the resources of the organism toward the avoidance of danger.

This is done by action of the sympathetic nervous system upon some of the glands, which are thereby stimulated to secrete abundantly of substances which activate the muscles and the nervous system, and which at the same time arrest other functions such as those of nutrition, reproduction, etc.

The secretion of the thyroid gland is an essential for rapid functioning of the living cell; and this is highly stimulated by fear. Fear stimulates also the secretion of the adrenal gland, which constricts the blood supply to the vegetative organs in the abdomen, while it dilates blood vessels which go to the voluntary muscles and the nervous system as well as to the lungs and heart. Adrenin causes the sugars to be mobilized out of the liver into the circulation, and hence made available for combustion in the muscles. Consuming the products of fatigue, they give a strength which often seems supernatural. This feeling of vigor has its

attractions; it gives the thrill of overcoming danger, brings the sensation of abundant life; it is part of the joy of combat. At the same time adrenin raises the blood pressure so that blood flows more freely through the lungs and is therefore oxidized more rapidly, especially as during emotion respiration is greatly accelerated. Even the cold sweat of fear has a use in preventing overheating of the body by the intensification of oxidation provoked by adrenin. The very sensation of choking itself, which is part of the reaction to intense fear, may stimulate the secretion of adrenin, for experiments have shown that asphyxia does so.

The aforementioned burning up of waste products preventing fatigue is the explanation of the strength fear brings. This effect, of course, can last only so long as the storehouse holds out, for excessive consumption of energy soon depletes the resources of the body, which must be again fed. But while fear reigns, assimilation is hindered. Hence, great prolongation of fearful conditions leads to emaciation and eventual exhaustion by interfering with

digestion. Furthermore, the adrenal gland itself becomes depleted and unable to maintain the unusual pressure. So that while acute dread may call forth resources to increase efficiency for the time being, yet chronic anxiety is destructive to the highest efficiency, if more intense than the reparative powers. The effect of the prolonged emotional stresses of the World War has shown itself in this way upon thousands.

Now dread of shock and surprise, which, if extreme, we may call hormephobia, appears to be a very fundamental instinct of physical and especially of psychic preservation. It prompts birds and animals to post sentinels, build shelters, etc., and profoundly modifies their habits. Spencer's theory of the evolution of the eye as anticipatory touch in order to avoid sudden contact, the definition of science as prevision, the struggle to get science logically organized and thinkable, evolution, the elimination of miracles, all are in order to protect from and save the waste of shock by enabling man to anticipate change from afar, and do his thinking and feeling with

the shock elements reduced to the point of greatest possible economy, yet not so faintly agglutinated as to be obscure. Even attention is an organ of anticipation. As man reduces and organizes the shocks with which his psychic life began to terms of greatest legibility with given time and energy, there is an increase in the subtlety required to deal with these reducta as well as impressionability to the vastly wider ranges they open, and intelligent adults grow less familiar with the ruder forms of shock and less tolerant of them. Just in proportion to the lability or convulsability of the psychic elements is the dread of anything sudden that may cause fulminating discharge, so that no class of fears needs to be more carefully respected. (Stanley Hall.)

The second function of fear may be termed cultural or pedagogic. For the survival of primitive man his attention had to be strongly engaged in two directions: First, in the obtaining of food; second, in the avoidance of destruction, that is to say, danger. The fear of what threatened him aroused him to circumvent it and hence

developed his intelligence by provoking intellectual interests. That is the origin of science.

Fear is the greatest stimulant to foresight. Therefore it is the mother of prudence, and it is the prudent who survive and the foolhardy who perish. It is those who learn what to fear wisely who survive. "Fools rush in where angels fear to tread." And, as Whittier has said:

> Not to him who rashly dares;
> But to him who nobly bears,
> Is the Victor's garland sure.

Fear is the foundation of respect for others, without which there can be no social life. But this fear should be transmuted into regard and be tacitly expressed by a dread of demeaning oneself by inconsideration. But as a matter of fact the prevalent existing motive is fear of obloquy, ostracism, of the opinion of one's public, however restricted that may be. Without fear of this kind few children would apply themselves to learning or to good manners. The spoiled child is a daily witness to abnegation of the fear motive by obtuse parenthood.

Nevertheless, as intelligence is gained, dread of discomfort inflicted by authority must be transformed into self-consciousness which will not permit one to fall from the ideal attitude towards others known as respectful. This, of course, must begin as a fear of losing the good opinion of the person to be respected. But ideally this may develop into Aristotle's perfect virtue, *i.e.*, good behavior pursued for its own sake, expressed elsewhere as, "the perfect love which casteth out fear."

"Courage has been made the most prominent of virtues, and yet, upon investigation, it will be found an empty name, without reality. It is a rare man who, unperceived, delights in encountering dangers. Were it an inherent emotion, we should hear only of suicide by desperate leaps from rocks and the tops of houses. Children are cautious and rarely incur accidents when left alone."

Most would disagree with Stanley Hall when he says, "A childhood too happy and careless and fearless is a calamity." But what is meant is that a happy-go-lucky

childhood is an ill preparation for the demands of after life. We have learned that to obtain versatility in an art, preparation must be begun very early in the formative years, and the greater the need for nicety and subtlety of performance the earlier must training be begun, which is well illustrated by violin playing. It is true even of such sports as tennis and swimming. Persons who have begun to play after adolescence are never found among the champions. The value of training in early life in such arts as these is admitted by all. But it is equally true of the most difficult art, the management of the emotions towards social adaptability, success in which is fundamentally just as difficult as the mastery of a fine art or a sport, although the qualities concerned are different. Nevertheless the principle of the plasticity of early years is here even more important. The space does not suffice for the elaboration of this statement, which I have made elsewhere.[1]

[1] See "Intellectual Precocity, the Importance of the Affective Attitude", *Pedagogical Seminary*, 1909.

However, a protest must here be made against the present neglect of the inductive and reasoning capacities of children in current education, which is based upon a theory that because a young child observes or remembers so well, his intellectual training should be confined to those activities. This practice ignores the fact that the young child is capable of excellent induction also, and that when not discouraged, he is both reflective and thoughtful at times; whereas in most of the schools attempts to question, discuss or penetrate to fundamentals are discouraged.

Although implicitly, at least, the fear motive has been the dominant one in human training, expressed in the concepts of militarism and discipline, yet there have always been philosophers who have pointed to the superiority of such motives as direct interests, desire for reward or wish for consideration. These are constructive motives, in that their attention is directed, not to the avoidance of pain, as in fear, but to the acquirement of pleasure. In antithesis to fear, their motivation may be expressed

as love, love of praise, of admiration, of the instructor, of the work to be done for its own sake, leading to ambition. In education these motives have been explicitly utilized by many writers, and are now expressed in the ideals of such bodies as the Parents' League in England (Writings of Charlotte Mason), and the Progressive Educational Association in America (Stanwood Cobb, *Atlantic Monthly*, 1921). Previous to this, Parker and Dewey had put in practice this kind of doctrine in the famous Chicago School of Education, while in Italy, the "Montessori method" fosters the same kind of constructive reactions which tend to minimize the fear motive in the training of children.

And that it should be minimized is surely evident from many facts of adult life, not least the fact that there must be millions of persons to whom the overcoming of fear is a daily task. In these, even accustomedness does not remove the necessity for the invocation of courage to meet fear-bringing situations which are creations of the person's own imagination, which rises to the

real situation with artificial dread. The wear and tear of the emotional stress of these adaptations must be a serious curtailment of the sum total of human life as well as an incubus both to happiness and efficiency. All this is said without meaning to speak detrimentally of the need for the development of the power of courageous adjustment to difficult or dangerous circumstances. Without this power we should be poor creatures even if we were not extinguished as a species.

Man ever seeks to evade corroding emotions, however. Hence in a state of civilization where life is comparatively safe from the dangers which assail primitive peoples, and where infractions of elementary precautions are not punished with injury or death, certain pragmatical attempts to divert, benumb or annihilate the fear instinct have in our day received many adherents. The doctrine which attempts to teach that there is no evil but in the mind which thinks it, has this aim. In uncritical and highly suggestible people ignorant of psychology, this false teaching brings the practical bene-

fit of a self-confidence bred of the ignoring of possible dangers. Until a truer education prevails, there will always be advocates who seek their end irrespective of the means to be employed and who will succeed in finding followers by the pragmatic appeal. These individuals the method known as suggestion will strongly attract, irrespective of its detrimental influence upon the independence of character of those influenced by it. Dependence upon another and management by suggestion is convenient in individuals of feeble intelligence who are incapable of the reasonings required for individual sound judgment. But those who aim at the fostering of a self-sustained citizenry will avoid the fatal temptation to influence others by the dishonest method of suggestion; they will even abstain therefrom in the case of minds which are developing. On the contrary they will seek to develop the power of these minds to compare, adjudge and decide in questions of social ethics, which call for the attention of every one living in community.

So in dealing with fears it is an adequate

understanding of their groundwork which must be sought in order that a truer set of the mind may be acquired.

A crude instance of the undesirability of suggestion was afforded in the World War in many instances of men who after their courage had failed clung to disabilities of purely imaginary source. Such men complained that they could not move a stiffened hand, could not straighten a bent back, were unable to walk on a contracted foot, that they could neither utter a sound nor hear what was said, or that they were blind or tremulous.

Some of these men were very easily restored by the indirect suggestion that electricity would restore to activity a diseased nerve. Those who were sent back to the lines, went with the belief that they had suffered from a physical injury and that they had been cured, without effort on their part, by electricity. Experience showed that on the least provocation a relapse would occur in such men, so that they would again imagine themselves physically ill.

On the contrary, the men who were

taught that a rigid foot, halting gait, bent back, tremulousness or apparent disability of sight or hearing were not due to damage to nerve structures, but that they were products of the imagination and will, were able to return to the lines and remain good soldiers because they were armed with the knowledge of their own psychology, and had gained the power of dealing with themselves without self-deception. They had learned that their self-deception was not shared by medical officers, and they had ascertained the true motives which animated their desire for disability. Furthermore, when the right kind of psychotherapy was given them, they had acquired additional motives with which to dispel the effects of their injury or additional incentives towards bravery, or both.

It is the above-mentioned kinds of short-lived cures which form the groundwork for a current statement that a patient cured quickly does not stay well long. This is a misstatement, the real fact being that the patient cured *unsoundly* may not stay well long. The rapidity of cure depends upon the nature of the case as well as upon the

skill of the physician. In the case in Chap. X where the patient has remained well fourteen years, the cure was effected within a period of ten days. The woman of Chap. VII was cured in less than a week, and she has remained well for five years. On the other hand, in the case of the woman on p. 192 a whole winter was consumed before the patient was discharged, and even then there was no assurance against relapse, although there was good prospect that the reconstruction of character could by that time be continued by the patient unaided, as proved to be the case. In one of my earlier cases nearly two years was consumed without the restoration of the patient to complete autonomy. That the intensity of this patient's anxiety was about to commit her to an asylum for the insane was not the only justification for the long dragging out of the therapeusis; for I had not learned then that the pessimism with which such cases were regarded was due to lack of skill even of the greatest psychotherapeutists of Europe. Hence, my aim was not so high, nor my hand so sure as they have since become.

Chapter XIV

The Dispelling of Fear

AND now some specific recommendations looking to the dispelling of fear. To begin with, it may be emphasized that the principles which this book has attempted to illustrate and discuss regarding the circumstances under which dreads develop are of the same nature as those to be applied in the removal of fear, whether it take the form of panic, terror dread, timidity, diffidence, shame or anxiety. In the presentation of the subject, several examples have been related in which fears have been dispelled. A careful study of these will provide a basis for the elaboration of the principles to be utilized.

It is impossible to overcome fear by direct opposition. The affirmation "I am not afraid" carries with it its own negation.

The child who hears its guardian say, "Now don't be afraid" thereby receives the suggestion that there is real cause for fear. The mind of the same child is quickly diverted from fear, however, if its attendant draws emphatic attention to some other aspect of the situation which has created alarm, more particularly if this aspect has a tendency to create laughter. Laughing is the expression of the complete preoccupation of the mind by the humorous aspect of a situation; and it has been shown that other thoughts and feelings cannot enter while it continues. The following is an illustration of this method of dispelling fears:

A little boy, aged three years and nine months, had for several weeks visited the zoölogical garden every afternoon in company with a French maid of exceptionally forceful character, and apparently free from the superstitiousness of the average nurse. For a long time all went well, until one evening he began to cry in bed soon after he was left for the night. At this unusual occurrence, his parents mounted the stairs and inquired the cause of the boy's trouble.

The latter said there were lions in the house, and that he did not want to stay alone, as he was afraid they would eat him. The source of the idea had been that the lions in the zoölogical garden had roared more loudly than usual on that particular afternoon, and he had been much impressed, standing for some time quite motionless before the cage, though unterrified. The boy was soon convinced that the lions had to remain in their cages, and could not get out, hence, there were none in the house, so that there was no occasion for fear.

Of course, it was first necessary to give him the idea of security gained by embracing him, and then to begin the conversation by talking of something else. In this way the state of terror was dismissed, and the feeling of protection was induced before the subject of the lions was returned to; then a joke was made of the funny roaring of the lions, and he finally lay down with the solemn purpose of going to sleep and thinking of the cars and motors passing outside his open window. It was a simple sub-

stitute, but it was the prevention of what might have become a serious fear psychosis if injudiciously handled.

After the abeyance of dread has been effected by diversion of the mind towards a ludicrous aspect of a situation, it is comparatively easy to prevent the relapse of attention towards the fear-bringing aspect of that which has alarmed. This is done by maintaining the interest in the laughter-bearing aspect or in leading the interest to still another aspect of the situation. In persons without a keen sense of the ridiculous or in cases where its invocation would be unseemly, diversion of the mind must be begun through an appeal to a phase of the situation which interests without alarming. For instance, many of the young people who begin the study of anatomy do so with a horror of the bodies they are required to dissect. The assertion by them that they are not horrified is merely a negation of the fact that corpses do horrify those particular persons. But the absorption of the mind required to master the intricacies of human anatomy very soon supplants by

a scientific interest the feeling of horror which was first aroused.

During warfare, the fear of injury or death cannot be removed by direct attempt to deny the fear one has, but the imminence of death is crowded from the mind of the soldiers who become absorbed in the technique of warfare, and they are no longer afraid because they are viewing an aspect of the situation entirely different from that which is ever before the mind of the man whom we designate as a coward. In other cases it is not technical interest which prevents cowardly behavior before the enemy, but another fear which casts out the first: that is, the fear of disgrace and shame at exhibiting cowardice. But though this may be useful as a temporary expedient while becoming accustomed to warfare, it may beset the mind with tortures so great that it may require to be dealt with in its turn.

The same is true in civil life. A child who is made to behave through fear of punishment may become so motivated by dread as to grow up into a pusillanimous character shorn of efficiency as well as con-

tentment. If this is not the consequence, then an outward conformity is merely used as a cloak for an inner life of its own removed from guidance.

Those adults whose life is regulated merely by fear of the disapproval of their neighbors exist at the expense of any chance of developing character. They are necessarily untrustworthy and deceitful. Their minds necessarily become flabby and less capable of decision requiring thought. They become mere "trimmers" and deservedly earn the contempt of every one who really knows them. Little as they know it, they are the product of fear.

The remedy against this lamentable state of mind is a truer social philosophy, such as that expounded by Elsie Clews Parsons in "Fear and Conventionality", when she declares:

"In the society I foresee, a society from which so much of our fear of one another will have disappeared, where self-preservation in so many of its phases will be accounted a crime against nature and not its first law, may not the gentleness we bestow

upon little children outlast their infancy and the pity which wells up in us for the dead spend itself upon the pitiful among the living? On the shy child and on all those beset by the miseries of shyness; on those who never grow up or feeling their age are old before they need be; on those who, heedless of the treasures of passion, have settled down to a passionless routine in marriage or in celibacy; on men apprehensive of women or women apprehensive of men; on men and women of position or of property or of cultivation, and of nothing else, on all who pride themselves on birth or nationality, or race, on belonging to a given calling or party or organization — all victims of the hydra-headed obsession of group consciousness; on all prisoners of the past, bound fast by their own habits or the habits of others; on all who in defense habit become the proprietors of others only to live in constant dread of loss; on all who, seeking mere companionship, shun the joys and sorrows of intimacy; on all who stay poor, too fearful of others to be enriched by them, too bewildered by

others to dare be themselves; and finally on all sentimentalists, those timid beings who, conscious of change and yet resistant to it, are forever dodging the facts of life and shirking its business — on them and on those they drag with them behind their vain defenses, the empty moats and the falling walls of conventionality."

Such pusillanimity is really based on selfishness. Persons who become concerned with the welfare of other people soon shed fear of this kind. Thus the parasitic woman shielded from any real trouble, who is afraid to venture alone in the streets of a large city because her imagination clothes them with a dread of assault, may be contrasted with the missionary, the professional welfare worker, the district nurse and the newspaper woman who travel unconcerned into districts which are viewed with horror by the former.

The remedy, of course, is the realization that one's own part in the great scheme of things is not of transcendent importance, and that to fulfill one's obligations is a greater thing than to avoid pain. The removal

of a phobia of storms in a Western business man was effected by means of this principle. It was only when he was made to realize that "he did not amount to much anyway" that his fears ceased.

But even when there is occasion for dread, it may be cast out by means of a great passion. Was it not this which animated the late Carrie Nation when she entered a saloon of half-drunken men to deliver a harangue in favor of abstinence and then laid about her with a club to smash every bottle within her reach? She was called a fanatic; but as regards fear, a fanatic is merely a person whom a dominating passion renders blind to danger by the casting out of fear. Such were the followers of Mohammed and the Crusaders.

We do not all aim to become fanatics, however, or to be absorbed by a great passion. Indeed only a few are capable of this. Yet among average individuals very many are unduly influenced by dreads, anxieties, pusillanimous doubts; and moral cowardice is perhaps the commonest of all great vices. But motives which will sur-

mount moral cowardice do not differ in principle from those which animated Carrie Nation, and which are at the root of the conduct of many reformers of to-day and saints of other days.

The little children who carried the sacrament from one group of Christians skulking in the catacombs to another overcame their fear of being killed by the Roman soldiery because they were animated by a great enthusiasm, and by the belief that the blood of the martyrs is the foundation of the Church. The scientific investigators who show no fear of poisonous gases, deadly germs or epidemic contagions have set their minds upon a greater aspect of the situation they face. The emotion of fear is cast out by the intellectual fascination of research, by the ambition to accomplish or excel, or by the love of serving their fellow creatures. Even the desire of solidarity with others may influence an individual to transcend his fears. It is a commonplace that danger loves company.

These are all illustrations of a principle of setting the mind upon the desired aspect

of the situation. This may be a conscious and deliberate selection for the purpose of casting out fear, or it may be an accidental choice dictated by other motives such as direct interest. It is this latter method which is often pursued by those who train children, and especially soldiers, when they endeavor to create an interest in undertakings calculated to make the participants fail to notice the danger thereof. The boy accustomed to playing football and baseball, and to swim, sail a boat and climb scarcely thinks of dangers which might paralyze one unaccustomed to these activities. It is not only that he knows by experience that he can handle himself successfully, but he has become habituated to attending to the undertaking in hand rather than its dangers. Similarly, the well-trained soldier is so engrossed by the operations he is conducting that he ignores its dangers.

These illustrations point the way to the remedy for the kind of fears experienced by those who perform before others, such as musicians and actors, many of whom suffer intense qualms before an important occa-

sion. But most of them have learned by experience that the timorousness ceases as soon as they become absorbed in the performance itself. Occasionally, however, an artist's imagination is so fixed beforehand upon the consequences of failure that the tremulousness caused thereby interferes with performance.

Thus, in the case of a leading man to whom the learning of lines was difficult, forgetting some lines in one of the early performances drew the fire of the newspaper critics, who regarded it as disgraceful. The actor was panic-stricken by their criticism and fell into a frenzy of dread at the prospect of the next performance. No amount of explanatory reassurance would have sufficed to dispel his fears; so I accompanied him to a special rehearsal and succeeded in diverting his mind from the fear to the rehearsal itself, so that he went through the next performance perfectly and regained the confidence of the "star", whose displeasure had been the real foundation of his fear.

In cases of this kind, then, the attention

must be forcibly and if necessary artificially directed to some artistic aspect of the piece to be performed. Or if this has become stereotyped, diversion must be sought of an absorbing nature, or intense mental activity upon another matter. It is fatal to try to exalt one's courage by reiteration of the likelihood of successful accomplishment. This insistence merely keeps in mind the prospect of possible failure. One is really saying to oneself, "Methinks this fellow doth protest too much." It is rare that frequent successful repetitions fail to permeate the mind with expectations of invariable success.

In the few cases where these principles do not succeed, recourse must be had to the principle of contempt. In some cases contempt for the audience may furnish the key to dispelling of dread; in other cases an indifference as to what happens to oneself; as in the case of the French violoncellist who played unrehearsed before an audience Popper's "Tarantella", after being at the war without his instrument for four years. When asked if he

were not nervous he said, "That is a very small thing after being in the trenches."

We are led from this to the principle which is most potent of all to dispel fear. It is the saturation of the mind by the sense of obligation to right until it becomes second nature, so that the motives for cowardice do not enter the mind.

But in persons who do not become fully self-conscious early in life, there survive the base relics of the fears of childhood; and no loftiness of motive or high-mindedness will dispel these, even though by great courage one learns to overcome them. They remain a source of fret and worry which depletes energy, interferes with inner harmony and cramps action. It is not by courage that these fears should be met, but by understanding of their nature and a reëxamination of the situations which arouse them, with a view to resetting the mind regarding them. It is rarely the situation as a whole of which one is afraid. It is some particular element therein or implied thereby which the patient had come

to dread because of some early association therewith when fear prevailed.

Striking instances are various cases described earlier in this book. The fears of these patients were removed by the unraveling of the exact significance of dread of social encounters, terror of collegiate recitations, fear of crossing the street or sitting in a gathering place, fear of everything, fear of being in the dark, fear of being alone, etc. Through this unraveling it was ascertained that the particular circumstances had been given an erroneous import by the patients. When the real significance of the pathogenic circumstance was revealed to the patients, the means for the transmutation of the fears was afforded them and they were enabled to pursue their after course in life without the handicap of the terrors produced by a wrongly adjusted imagination, and with a personality greatly strengthened by the removal of this handicap.

Another point of much importance:

Even though it is possible permanently to remove a patient's fears, the mere resetting

of a fear-bearing episode is only the beginning of what some patients require. Fear may have bred such pernicious habits that a whole reëducation may have to be undertaken before the personality becomes adequate for proper living. This can only be accomplished by the *performance* of adjustments. To take a most elementary instance:

A boy has been terrified by the attack of a dog which has bitten him ferociously. As a burnt child dreads the fire, this boy avoids dogs for the future. Even observation of other boys freely playing with them cannot convince him that dogs are safe for him. The habit of avoidance because of fear can be overcome only by frequent adjustments to the habitual harmlessness of dogs, which will be gained by giving the boy a dog as a pet.

The same principle was at work in a more complicated instance of a woman of thirty-five, whose conscientious fears had reached such a pitch that she would unseal a letter a score of times in order to verify its harmlessness, and would ruminate for days over

a chance remark lest it might have offended or injured some one. Her irresolution paralyzed initiative even of the slightest, so that she had become almost incapable of social intercourse and had been compelled to give up the charitable activities she loved so much. Even after she gained an understanding of the significance of her fears she remained helpless. So she was afforded practice in initiative and adjustment by compelling her to join in post-bellum welfare work, gradually increasing in difficulty, supervised without her knowing by one of my friends, a young society woman. By this mental and moral gymnastic in social adaptation, she was able in four months to return to her home endowed with a degree of executive capacity sufficient to inaugurate and manage a canteen for soldiers and sailors returning from overseas.

In cases of this kind *gradus ad parnassum* must be the rule, and patients must not be permitted to run before they have practiced walking. Had I told this woman to return home and start a canteen as soon as she had grasped the meaning of her fears,

failure would have been the result and she would have become even more despondent than when she was sent to me.

When bad habits have formed, every one knows how difficult it is to reform good ones, even when one is dealing with habits of movement, as for instance in the handling of tools, or in the acquisition of skill in music or in a sport. But movements can be controlled by observation, and aided directly by outsiders, who can immediately note any error. The difficulties are much greater where thought and feeling are concerned; for these cannot be directly observed by oneself, much less by outsiders. They can only be estimated; and the pitfalls in the way of this are many. The two greatest difficulties are the attainment of clarity of vision and of honesty of purpose. The average mind is both vitiated and untrained so that its clarity is befuddled and its honesty besmirched by ulterior motives. Yet to rectify the distortions which create fear, straightforward introspection is absolutely essential. So those who have lost their simplicity and yet are

not highly trained require the assistance of a director versed in the intricacies of emotion and thought, in order to select from the maze those avenues which will lead to the heart of the matter requiring elucidation and to maintain the patient's attention upon aspects known to be fruitful. The danger of leaving this process unhelped is the falling into the kind of distortion known as faddism.

Perspective is only gained by long study and reflection, so that he who tries to set himself right alone spends much time and effort which he might be spared by a wise director. Besides, the thinking of an individual is prone to be influenced by the mood of the moment, which again may depend upon the uneasiness of some organ of the body or the exuberance of another. A wise director, too, will show one how to avoid meretricious motives, which are so often clothed in specious guise.

In the first place, the danger will be avoided of pursuing ephemeral or flimsy trifles which the interest of a fleeting popularity may have pushed unduly into the

foreground to catch the ignorant or unwary. In the second place, a wise director will spare one the disappointment sure to result from the vain or wasteful struggle to accomplish that for which one is unfitted. He will prevent one from pursuing distasteful ends which a mistaken sense of duty may dictate. Specific choice, however, should nearly always be left to the patient if the director is wise. To impose one's own views is not wise direction. The aim is not to train an automaton but to aid the education in such a way as to fortify the subject's powers of selection, judgment and initiative untrammeled by former artificial fears. For the *greatest assurance against an emotional stampede is the habit of sound judgment which comes from the habit of suspending judgment.*

This is greatly militated against by habitual association with persons unguided save by the impulses of the immediate emotion of the moment, swayed by suggestion, hence unreasoning, unstable of purpose. Unfortunately, much of the society of to-day is of this character, so that

frequent participation in social life may prove a great impediment to the upbuilding of strength of character. In the days of our forefathers it was not so difficult to select associates governed by the influences which taught control of impulse by the balancing of eventualities. At one time the whole education of a Scot aimed at this power. The disciplined mind of that kind was rarely a prey to fears bred of imagination, which were looked upon with contempt. Yet even these hard-headed dialectitians lived in terror of the supernatural imagination of hell fire. This again is an illustration that it is the way of looking at phenomena which determines their fearfulness.

Which element of thought shall preponderate is a matter of attention; and as each thought has its somber and bright elements, it may be made capable of affecting the feelings either pleasantly or unpleasantly. The popular expression, "looking at the bright side", has a real psychological foundation. By deliberate attention to the ugly or distressing aspect of the recollection of an

episode, pessimistic feeling is readily induced, along with its various bodily reactions, muscular relaxation, shown by sagging back and shoulders, drooping mouth, slow movements, lack of ambition, the interference with digestion and assimilation showing themselves as indigestion, constipation, slowing of respiration, and interference with the internal secretions of the body.

On the contrary, if the attention is focused upon the pleasing or beautiful elements in the concept, a feeling of satisfaction is engendered, shown by bright eyes, radiant face, brisk step, active breathing, good digestion and enterprising mind. The degree to which the way of looking at things can affect one's judgment is illustrated on a large scale by various associations of optimists, whether these band together under a religious aspect or not.

The effect of the way of looking at things upon the bodily reactions is most profound, as has been proved beyond refutation by carefully controlled experiments. Pawlow by his experiments on the dog, proved that

merely showing him the whip would suppress the flow of gastric juice. The dog was a victim to his imagination and became ill to the extent of an incapacity to secrete gastric juice, which means very ill indeed.

The depression created by fear is believed to diminish the chance of recovery from disease. The faint-hearted often die from disease which is apparently even less severe than in those who recover. To this attitude of discouragement leading to demise the negro is thought to be particularly prone. But it is not only in acute disease that fear is detrimental: there are many individuals whose productiveness and contentment are greatly impaired by the exaggerations which fear gives to mild and chronic ailments. Many a valetudinarian is so merely because he dreads the consequences which may accrue upon exposure, application to study, social intercourse, departure from his accustomed nourishment. This is mere pusillanimity, without which his ailments would prove so trifling as scarcely to incommode him.

That epilepsy was produced by fright was a popular medical belief until Babinski clearly showed the essential difference between that disorder and the hysterical convulsion which was so often taken for it, so that nowadays many of the accounts of the cure of epilepsy can be readily shown to apply merely to hysteria. William Sweetser, in his book entitled "Mental Hygiene", tells of an intelligent minister of Shetland who, being much annoyed and the devotions of his church impeded by the frequent occurrence of "epileptic convulsions", obviated their repetition by assuring his parishioners that no treatment was more effectual than immersion in cold water; and as his kirk was fortunately contiguous to a fresh-water lake, he gave notice that attendants should be at hand, during divine service to insure the proper means of cure. The fear of being carried out of church and into the water acted like a charm; not a single naiad was made, and the worthy minister for many years had reason to boast of one of the best regulated congregations in Shetland.

Similarly Boerhave used fear to quell an epidemic of convulsions in the poorhouse at Haerlem by heating iron hooks from portable furnaces within sight of the inmates, and declaring that to the next patient seized would be applied the infallible though agonizing remedy of the naked iron upon the arm, to burn to the bone if necessary.

As I have tried to make clear, in phobias and unreasonable fears generally the problem facing the therapeutist is the dissipation of a besetment whether by a single situation and the results of the patient's faulty mode of dealing with that, or whether there is involved a necessary reorientation of the whole character in a new and healthy direction.

No matter which of these cases has to be dealt with, mere exhortation is useless. Affirmations even by the patient's self are in themselves inefficacious, even though a mode of therapeutics is based upon the principle of the gradual penetration of the mind by affirmations, even the most absurd, by means of frequent repetition. The minimal significance of this method

of reconstruction receives a forcible illustration in the hollowness of many professions of religion acquired in childhood by the parrot-like repetition of formulæ which are shorn of meaning by the very frequency of their repetition.

As a patient declared to me, after being relieved of an intense fear which for five years had prevented her entering a public vehicle, street car or railroad train so that each year the whole family had to travel to the seaside in their own automobile, "It is very strange that I am better, as what I have now learned I have often repeated to myself without avail." She then expatiated upon the necessity for the penetration into her mind of the meaning of what had formerly been merely phrases.

Psychological assertions are received by some people with not much more understanding than that of the child who unthinkingly memorizes the Lord's Prayer, "Our Father chart in even", or speaks of the equator as a menagerie lion running around the earth. The glib way in which some persons roll off their tongue such

shibboleths as subconscious, transference, conversion, complex, etc., is not much more intelligent than this.

To effect a transformation of mental attitude with the object of changing affective reactions, hard conceptual labor must be performed by the patient. It is the physician's business to compel the patient to accomplish this, just as it is the business of the pedagogue to find ways to compel an unaccustomed or unwilling child to apply his mind to the mental operations required in learning.

The conditions under which the conceptual labor can be performed at first should be favorable to thinking without distraction.

> Tasks in time of insight willed
> May be in hours of gloom fulfilled

(as I modify Matthew Arnold) is a penetrating statement of the advantage of this practice.

To train the mind to face a dangerous-looking situation while actually confronted by it is not the method with which to commence in the case of persons already maladjusted. At first, the flustering of thought

by the need for action under fear, must be obviated by the choice of a situation of safety while first considering in imagination the conditions which arouse dread. For this purpose the sense of security is augmented in an implicit way by the physician who succeeds in concentrating the patient's attention upon the conceptional elements of the situations of which the patient is afraid.

These cannot be envisaged *en bloc;* they must be separated and studied individually, that is to say analyzed. The facile way in which the term "analysis" is bandied about in current jargon is reminiscent in its jejune fatuity of the irreflective readiness with which some physicians formerly would toss off the remark, "The patient needs to take a little suggestion." Analysis is merely the taking apart of a complex matter in order to be able to examine separately each individual part simplified to the utmost.

In itself analysis gives no understanding of the whole. To gain this the knowledge gained of each separate part must be co-

ordinated so that its relation to others and to the whole may be envisaged. A synthesis of this kind is just as requisite to healing of the mind as is the preliminary analysis. The resetting of the mind already spoken of is an example of synthesis.

Like all acquisitions, a synthetic reorientation requires not only the analytic foundation and the reconstruction, but it must be fixed and enrooted by the repetitions which all mental acquisitions require. These need not be explicit utterances before the physician. It is through reflection that roots of thought penetrate the mind most deeply.

To this dictum the objection is often made that the patients already introspect overmuch; but the objection is misstated; for it is not the fact that they introspect that is deleterious, but the matter of the introspection which hurts. During treatment, instead of ruminating the old fruitless thoughts with their distressing feelings, the patient is obliged to reflect upon an entirely different aspect of these incommoding imaginings. Further-

more, he reaches a solution because he is forced to penetrate deeply to the foundations upon which his thought rests, without equivocation or the self-deceptions which have rendered his own ruminations dishonest. As Matthew Arnold put it:

> The wiser wight
> In his own bosom delves,
> And asks what ails him so.

And again:

> Once more read thine own breast aright
> And thou hast done with fears.

And once more:

> Resolve to be thyself: and know that he
> Who finds himself loses his misery.[1]

When a solution of a distressing problem has been reached it no longer besets. "It lives because so deep suppressed," the same poet expressed it. When problems are solved the patient is no longer impelled to ruminate; he has acquired certitude as a basis for action. Thus, constructiveness is no longer impeded by a consciousness of insecure foundations. Integration of a per-

[1] In "Empedocles on Etna."

sonality is no longer blocked from within, the conditions of healthy psychological growth are attained. Potentialities are unlocked; activity is restored.

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